



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

<b>Name of Service and ID:</b>	<b>Action on Hearing Loss, 1122</b>
<b>Date of Inspection:</b>	<b>6 October 2014</b>
<b>Inspector's Name:</b>	<b>Lorna Conn</b>
<b>Inspection ID:</b>	<b>16979</b>

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
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## 1.0 General information

<b>Name of Service:</b>	Action on Hearing Loss
<b>Address:</b>	1-2 Harkness Gardens Londonderry BT47 6GG
<b>Telephone number:</b>	028 71341005
<b>E mail address:</b>	pat.kelly@hearingloss.org.uk
<b>Registered Organisation/ Registered Provider:</b>	Royal National Institute for Deaf People t/a Action on Hearing Loss Sharon Ford
<b>Registered Manager:</b>	Mrs Ann Patricia Kelly
<b>Person in charge of the home at the time of inspection:</b>	Mrs Ann Patricia Kelly
<b>Categories of care:</b>	RC-SI RC-LD RC-MP
<b>Number of registered places:</b>	6
<b>Number of residents accommodated on Day of Inspection:</b>	4
<b>Scale of charges (per week):</b>	£1,065.11 - £1,944.44
<b>Date and type of previous inspection:</b>	11 March 2014, secondary unannounced inspection
<b>Date and time of inspection:</b>	6 October 2014, 11:20 am - 2:00 pm
<b>Name of Inspector:</b>	Lorna Conn

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the inspection**

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 Methods/Process**

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff and visitors
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## **5.0 Inspection focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of service

Action on Hearing Loss Residential Care Home is located in a quiet cul-de-sac in the Brigade area of Londonderry, within walking distance from shops, leisure facilities and public transport.

The home has been developed in partnership with Habinteg Housing Association and Action on Hearing Loss and provides accommodation for up to six adults with learning disability, or mental health needs in the SI (Sensory Impairment) residential category of care.

There are six bedrooms, two sitting rooms, a kitchen and dining room, bathroom, shower and toilet facilities, laundry, office and staff facilities including a sleep over room.

Mrs Patricia Kelly is the Registered Manager and Mrs Sharon Ford is the Registered Provider.

The home is registered to provide care for a maximum of six persons under the following categories of care: RC-SI (Sensory impairment); RC-LD (Learning Disability) and RC-MP (Mental disorder).

## 7.0 Summary of inspection

This secondary unannounced care inspection of Action on Hearing Loss was undertaken by Lorna Conn on 6 October 2014 between the hours of 11:20am and 2:00pm. Ms Pat Kelly was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed most of the areas as required within the timescales specified. However, one requirement regarding the provision of blinds in the conservatory has been stated on a second occasion. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

During the inspection the inspector met with residents, staff and relatives, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

On the day of the inspection the inspector met four residents who appeared well presented in terms of appearance and content and comfortable in their surroundings. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives and staff are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be serviceable however, the dining chairs and tables were rather tired and a requirement has been made with respect to these.

A number of additional areas were also examined these included accidents and incidents and fire safety. One requirement was made regarding the review of the fire risk assessment. Further details can be found in section 10.0 of the main body of the report.

Two new requirements in total were made as a result of the secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, registered manager and staff for their assistance and co-operation throughout the inspection process.

**8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 11 March 2014**

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	27 (2) (b)	The registered person shall, having regard to the number and needs of the residents, ensure that the premises to be used as the home are of sound construction and kept in a good state of repair externally and internally.	During the inspection it was observed that the kitchen walls had been redecorated. However, while the moss and weeds outside the front door had been removed some weeds had grown back. The inspector was advised that as the windows were being replaced shortly it was considered more prudent to await this before purchasing new blinds for the conservatory. This is partially re-stated on a second occasion.	Moving towards compliance
2.	20 (3)	The registered manager shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his/her absence.	Eight staff can be in charge of the home in the manager's absence. Records reviewed confirmed that all of these staff had had a competency and capability assessment completed since the last inspection.	Compliant
3.	27 (4) (e)	The registered person shall make arrangements for persons working at the home to receive suitable training, from a competent person, in fire prevention.	The staff training matrix was examined and this indicated that all staff had completed fire safety training in April 2014. Refresher training was in the process of being organised.	Compliant



NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	8.5	It is recommended that all records are legible, accurate, up-to-date, signed and dated by the person making the entry.	Records selected at random were inspected and none contained initials. This had been discussed with staff via the communications book in April 2014 and was evidenced therein.	Compliant

## **10.0 Additional Areas Examined**

### **10.1 Resident's consultation**

The inspector met with four residents individually and with others in groups. Residents were observed relaxing in the communal lounge area. The four residents who appeared well presented in terms of appearance and content and comfortable in their surroundings.

### **10.2 Relatives/representative consultation**

One relative who met with the inspector indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

'We are more than happy with the care here- it's been a godsend. Our relative is settled here and is happy and content. We would be lost without the staff- if there's anything at all they are on the phone immediately. There's a good choice of activities'.

### **10.3 Staff consultation**

The inspector spoke with two staff of different grades. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

Comments received included:

'Residents get a good level of care and staff are very committed to providing person centred care. We are supported if we feel someone needs more care'.

'My training is all up to date and we get supervision and appraisal. We do as much as we can'.

### **10.4 Visiting professionals' consultation**

No professionals visited the home during the inspection.

### **10.5 Environment**

The inspector viewed the home accompanied by the registered manager and alone and inspected the communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be serviceable however, the dining chairs and tables were rather tired and a requirement has been made with respect to these.

### **10.6 Accidents and Incidents**

These were reviewed and updates were provided by the registered manager.

## **10.7 Fire Safety**

Fire prevention arrangements were examined during the inspection.

Fire exits were noted to be free from obstruction during the inspection.

Fire safety training was last provided for all staff during April 2014.

An evacuation was undertaken on 8 April 2014.

Fire alarms are checked weekly and recorded (from a different position).

Fire risk assessment of the premises was last conducted on 22 April 2013 and this is overdue for review. A requirement has been made with respect to this matter and the RQIA estates inspector notified.

No health and safety hazards were noted during the inspection.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Pat Kelly, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Lorna Conn**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

#### Action on Hearing Loss

6 October 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Pat Kelly during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

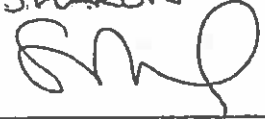
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	27 (2) (b)	<p>The registered person shall, having regard to the number and needs of the residents, ensure that the premises to be used as the home are of sound construction and kept in a good state of repair externally and internally. I.e. remove weeds from outside path and blinds be provided in the conservatory.</p> <p>(standard 27.5)</p>	Two	<p>Outside areas have been weeded. Update from Habinteg Housing Assoc regarding date for completion of work re new windows, informed will be in new financial year after April 15. Net curtains have been purchased to provide privacy in the conservatory due to the extended wait.</p>	By 31 January 2015.
2.	27 (4) (a)	<p>The registered person must ensure that a current fire risk assessment has been undertaken and confirm this in writing to the home's aligned RQIA estates inspector.</p> <p>(standard 29.1)</p>	One	<p>New fire risk assessment completed on 29<sup>th</sup> of Oct 14 by Gladeon Safety Systems, will forward completed documentation to RQIA when received.</p>	With immediate effect from the date of the inspection.
3.	27 (2) (d)	<p>The registered manager is required to ensure that all parts of the home are reasonably furnished i.e. the dining room tables and chairs are in need of replacement.</p> <p>(standard 27.1)</p>	One	<p>2 new chairs purchased and replaced, tables sanded and varnished.</p>	31 December 2014.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Pat Kelly
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	SHARON FORD 

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Doreen Conn	20/10/14
Further information requested from provider			