

Inspection Report

8 December 2021



(RNID) Royal National Institute for Deaf People

Type of service: Residential (RC)

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: (RNID) Royal National Institute for Deaf People</p> <p>Responsible Individual: Mr Mark Atkinson</p>	<p>Registered Manager: Mrs Maria Taylor – not registered</p>
<p>Person in charge at the time of inspection: Mrs Maria Taylor, Manager</p>	<p>Number of registered places: 6</p>
<p>Categories of care: Residential Home (RC) LD – Learning disability. MP – Mental disorder excluding learning disability or dementia. SI – Sensory impairment.</p>	<p>Number of residents accommodated in the residential home on the day of this inspection: 3</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to six persons. Residents' bedrooms are located over two floors. Residents have access to a communal lounge, dining room, a conservatory and a garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 8 December 2021 from 9.40 am to 1.45 pm by a care inspector.

The purpose of the inspection was to assess progress with all areas for improvement identified in the home since the last care and finance inspections and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Positive changes had been made since the last care inspection in relation to the oversight of professional registration of staff, infection prevention and control (IPC) practice and measures, risk management, care records and the cleanliness/fitness of the environment.

One area for improvement from the previous care inspection has been stated for a second time in relation to window restrictors. An area for improvement has been escalated from a care standard to a regulation and a further area for improvement has been carried forward for review at the next care inspection. Areas for improvement are detailed throughout this report and within the Quality Improvement Plan (QIP) in section 7.0.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from staff, are included in the main body of this report.

Based on the inspection findings RQIA were assured that compassionate care was being delivered in (RNID) Royal National Institute for Deaf People and that management had taken relevant action to ensure the delivery of safe, effective and well led care.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were discussed with the Manager at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with two staff and three residents during the inspection. Residents mostly communicated by sign language or gestures and appeared content in their surroundings and in their interactions with staff. There were no questionnaires received.

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "Really enjoy working here". There was no feedback from the staff online survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last care and finance inspections on 15 and 18 June 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 20 (1) (c) (ii) Stated: Second time	The registered person shall ensure a robust system is in place to ensure staff are registered with NISCC.	Met
	Action taken as confirmed during the inspection: Review of a sample of relevant records and discussion with the manager evidenced that this area for improvement has been met.	
Area for Improvement 2 Ref: Regulation 15 (2) (a) (b) Stated: Second time	The registered person shall ensure that a system is put in place to regularly review the content and quality of residents' care records to ensure it reflects the assessed needs of the residents.	Met
	Action taken as confirmed during the inspection: Review of a sample of relevant records and discussion with the manager evidenced that this area for improvement has been met.	
Area for Improvement 3 Ref: Regulation 27 (2) (b) (c) (d) Stated: Second time	The registered person shall ensure that premises are kept in good state of repair, kept clean and reasonably decorated. With specific reference to ensuring: <ul style="list-style-type: none"> • light fittings throughout the home are kept clean 	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement has been met.	

<p>Area for improvement 4</p> <p>Ref: Regulation 20 (1) (c)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the newly appointed acting manager is provided with a robust induction programme.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of a sample of relevant records and discussion with the manager evidenced that this area for improvement has been met.</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 20 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the manager has a robust oversight of staff recruitment and induction process in accordance with legislation.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		
<p>Area for improvement 6</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the all parts of the residential care home to which residents have access are free from hazards to their safety.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the environment and discussion with the manager evidenced that this area for improvement has been met.</p>		
<p>Area for improvement 7</p> <p>Ref: Regulation 27 (2) (b) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • window restrictors are reviewed and fitted where necessary with robust tamper proof fixings • regular checks of all window restrictors are commenced. 	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement has not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.3.</p>		
<p>Area for improvement 8</p> <p>Ref: Regulation 27 (2) (b) (c) (d)</p>	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p>	<p>Met</p>

<p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement has been met.</p>	
<p>Area for improvement 9 Ref: Regulation 13 (7) Stated: First time</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor compliance with IPC measures; including staff practice.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: Observation of the environment, staff practices and discussion with the manager evidenced that this area for improvement has been met.</p>		

<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1 Ref: Standard 20 Stated: Second time</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • Care records • IPC • Environment <p>Action taken as confirmed during the inspection: Review of governance audits evidenced that this area for improvement has not been fully met and has been escalated to an area for improvement under regulation.</p> <p>This is discussed further in section 5.2.5.</p>	<p>Partially met and has been subsumed into an area for improvement under regulation</p>
<p>Area for Improvement 2 Ref: Standard 15.12 Stated: First time</p>	<p>The registered person shall ensure that all monies held on behalf of residents are included in the reconciliations of residents' monies.</p> <p>Action taken as confirmed during the inspection: Review of a sample of relevant records and discussion with the manager evidenced that this area for improvement has been met.</p>	<p>Met</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that residents' written agreements are updated to show the current weekly fee paid by, or on behalf of, residents.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of a sample of relevant records and discussion with the manager evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 15.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the Health and Social Care Trust is contacted in order to arrange a review of the current financial arrangements for the resident identified during the inspection, for which the previous manager was the named controller.</p> <p>The review should include the options considered for the appointment of a controller (The home's current policy for staff becoming a controller on a temporary basis should be reflected in the discussions).</p> <p>A record of the outcome of the review, including the outcome of discussions with family members and representatives from the Health and Social Care Trust, should be retained in the resident's file.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of a sample of relevant records and discussion with the manager evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 15.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the Health and Social Care Trust is contacted in order to arrange a review of the current financial arrangements for the two residents, identified during the inspection, for which care staff supported the residents making withdrawals from their bank accounts.</p> <p>A record of the outcome of the review, which includes the arrangements for</p>	<p>Met</p>

	<p>making the withdrawals, should be retained in the residents' files.</p>	
	<p>Action taken as confirmed during the inspection: Review of a sample of relevant records and discussion with the manager evidenced that this area for improvement has been met.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The Manager explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated. The staff duty rota accurately reflected the number of staff working in the home on a daily basis and the person in charge in the absence of the Manager.

Staff said that the number of staff on duty was satisfactory to meet the needs of the residents but there was limited availability of staff to cover short notice absence. This was discussed with the Manager who advised that recruitment was ongoing for suitably skilled care assistants. Staff said they were aware of the home's recruitment drive and welcomed the addition of new staff.

Appropriate checks had been made to ensure that care workers are registered with the Northern Ireland Social Care Council (NISCC).

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

5.2.2 Care Delivery and Record Keeping

The Manager advised that staff meet at the beginning of each shift to discuss any changes in the needs of the residents. Staff were observed to be prompt in recognising residents' needs and were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Staff demonstrated their knowledge of individual resident's likes and dislikes.

Review of two resident care records evidenced that they were mostly well maintained and had been reviewed on a regular basis. One resident's hospital passport was not reflective of changes that had been made to their care plans and risk assessments. This was discussed with the Manager who updated this prior to the completion of the inspection.

Daily records were kept of the care and support provided by staff. The outcome of visits or appointments with healthcare professionals was also recorded. The inspector noted an overall improvement in the recording of the daily evaluation of resident care since the previous care inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced that a number of areas had recently been painted or had flooring replaced. New furniture and fixtures such as curtains had also been provided throughout various rooms within the home. The Manager advised that refurbishment was ongoing to ensure that the home is well maintained.

A gap was observed at the base of two fire doors. This was discussed with the manager who advised that new flooring had recently been fitted to this room resulting in the floor surface being lower than the previous floor covering. The inspector requested the Manager to make contact with the fire risk assessor for advice and to action as necessary. Following the inspection the Manager provided written confirmation that advice had been sought from the fire risk assessor and relevant action had been taken to address the issue.

As mentioned above in section 5.1 regarding window restrictors, review of relevant records evidenced that weekly window restrictor checks had been completed. However, the inspector was able to open the window restrictors without the use of a special device evidencing that the windows had not been fitted with robust tamper proof fixings. This information was shared with the RQIA estates inspector and an area for improvement has been stated for a second time.

There were systems and processes in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. Visiting and care partner arrangements were managed in line with the Department of Health and infection prevention and control (IPC) guidance.

5.2.4 Quality of Life for Patients

Observation of residents and discussion with staff confirmed that residents were able to choose how they spent their day. For example, residents could go out with their families, remain in their bedroom or go to a communal room when they requested. Staff supported residents with trips out in the company vehicle, trips to the cinema and shopping.

Observation of life in the home and discussion with staff and residents established that staff engaged with residents individually or in groups; residents were afforded the choice and opportunity to engage in social activities, if they wished.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting

arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change to the Manager of the home since the last inspection. The Manager said that she felt supported in her role by senior management.

The Responsible Individual has changed since the previous care inspection in June 2021 with Mr Mark Atkinson, Chief Executive Officer for RNID, who is now acting as the Responsible Individual. It was agreed that an application to register with RQIA would be submitted and RQIA wrote to Mr Atkinson in December 2021 and await his response on or before 15 January 2022.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. As mentioned above in section 5.1 regarding audits, Environmental and IPC audits had been completed, however, care record audits had not been completed. This was discussed with the Manager who agreed to commence care record audits. In order to drive and sustain the necessary improvements this area for improvement has been escalated to a regulation.

The home was visited each month by a representative of the Responsible Individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	3*	0

* The total number of areas for improvement includes one regulation that has been stated for a second time and one regulation which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Maria Taylor, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

Area for improvement 1

Ref: Regulation 20 (1)

Stated: First time

To be completed by:
With immediate effect

The registered person shall ensure that the manager has a robust oversight of staff recruitment and induction process in accordance with legislation.

Ref: 5.1

Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 2

Ref: Regulation 27 (2) (b) (c)

Stated: Second time

To be completed by:
With immediate effect

The registered person shall ensure that:

- window restrictors are reviewed and fitted where necessary with robust tamper proof fixings.

Ref: 5.1 and 5.2.3

Response by registered person detailing the actions taken:

Following a conversation with RQIA Estates Inspector a more accepted type of restrictor was identified and agreed. The rooms will stay locked until these are fitted by landlord as an emergency

Area for improvement 3

Ref: Regulation 10 (1)

Stated: First time

To be completed by:
8 January 2022

The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.

With specific reference to:

- Care records

Ref: 5.1 and 5.2.5

Response by registered person detailing the actions taken:

A monthly proforma audit is now undertaken of the overall layout and content of the care plans, with actions identified and completed

Following on from the inspection and the prior Reg 29 inspection key areas of the care plans have been reviewed and updated and this process will continue over the coming weeks in line with existing review schedules

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