

**Unannounced Care Inspection
of
Action on Hearing Loss**

26 November 2015

1. Summary of inspection

An unannounced care inspection took place on 26 November 2015 from 10.30 to 16.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care in relation to the standard we inspected; which was assessed as being met.

One area for improvement was identified and is set out in the Quality Improvement Plan (QIP) appended to this report. This requirement was made within the additional areas inspected in regard to the fire safety risk assessment.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards (2011).

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

The details of the QIP within this report were discussed with Patricia Kelly, registered manager. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Action on Hearing Loss T/A Royal National Institute for the Deaf Sharon Ford	Registered Manager: Ann Patricia Kelly
Person in Charge of the Home at the Time of Inspection: Patricia Kelly	Date Manager Registered: 1 April 2005
Categories of Care: RC-LD, RC-MP, RC-SI	Number of Registered Places: 6
Number of Residents Accommodated on Day of Inspection: 5	Weekly Tariff at Time of Inspection: £1086.41 - £1944.44

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

Standard 1: Residents' involvement - Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan and the notification of accidents and incidents.

We met with four residents, three care staff and the registered manager.

We inspected the following records: three care records, accident/incident reports, registered provider visits, fire safety records, complaints/compliments records and the record of residents' meetings.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 23 June 2015. The completed QIP was returned and was approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 29 (3)	The registered person must ensure that these visits are unannounced and undertaken on a monthly basis.	Met
	Action taken as confirmed during the inspection: A review of the record of the registered provider visits confirmed that these visits were unannounced and were undertaken on a monthly basis.	
Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.1	The registered person should develop a policy on the management of continence promotion.	Met
	Action taken as confirmed during the inspection: A policy on the management of continence promotion was available in the home dated 23 September 2015.	
Recommendation 2 Ref: Standard 11.1	The registered person should ensure that a multi-disciplinary review is undertaken of one residents care needs.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that a multi-disciplinary review was completed for one identified resident on 24 July 2015. A copy of this review report was available for inspection.	

5.3 Standard 1: Residents' involvement - Residents' views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

The registered manager confirmed that residents' views are taken into account in all matters affecting them, in so far as practically possible.

Through discussion with the residents they reported to us that their views were actively sought and incorporated into practice. An example of this was in regard to a resident who wanted to visit Belfast. The registered manager and staff arranged for the resident to spend a day in Belfast. The resident confirmed that she had a wonderful day.

The residents and staff confirmed that they had a residents' meeting on the 21 October 2015. Their views and wishes were actively sought and recorded in regard to facilities and services, menu planning and activity provision. A record of this meeting was available during the inspection. At the most recent residents' meeting lengthy discussion took place in regard to planning a Halloween party and menus. A residents' meeting was scheduled for 26 November 2015 to plan for Christmas.

The three care records inspected in regard to this standard, demonstrated to us that records were up to date and kept under continual review to reflect the changing needs and preferences of the resident.

Is care effective? (Quality of management)

We found that there was a range of methods and processes in place where residents' and their representatives' views were sought. These were reflected within the care management reviews, record of residents' meetings and the registered provider monthly visits. The manager confirmed that there was an open door policy within the home for residents and relatives who wished to highlight any issues.

Copies of review forms were observed within each care record. Residents were present and participated in their care management review.

The registered manager and staff confirmed to us that each resident in the home chooses their support worker on a daily basis and decides on the activity to be undertaken.

Is care compassionate? (Quality of care)

Discussion with staff demonstrated that they were knowledgeable about residents' needs and a person centred approach was adopted. In our discussions with staff we identified that residents were listened and responded to by staff.

Staff shared with us examples of how they incorporate their knowledge of values in to their practice with residents. This included knocking on doors before entering, asking residents what they want to wear each day, seeking their preferences at meal-times and when they would like assistance to have a shower or get dressed.

In our discreet observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

Areas for improvement

There were no areas of improvement identified and this standard is assessed to be met.

Number of requirements:	0	Number of recommendations:	0
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5.4 Additional areas examined

5.4.1 Residents views

We met with four residents. We observed residents relaxing in the communal lounge area. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and their relationship with staff.

5.4.2 Staff views

We spoke with three care staff members, in addition to the registered manager. Staff advised us that they felt supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents.

The staff stated that they felt supported by the registered manager and advised that she was very approachable. The staff explained how the residents were offered choices on a daily basis. Some comments made were:

- “The care is very person centred; there is good communication among the team.”
- “We as a staff team do our utmost to give people as much choice as possible. We work well as a staff team. The manager is excellent.”

5.4.3 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard.

5.4.4 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. Residents were well dressed with attention to personal detail.

5.4.5 Fire safety

We confirmed that the home's most recent fire safety risk assessment was dated 29 October 2014. A requirement was made to ensure this assessment is reviewed annually.

We reviewed the fire safety records and could confirm that fire safety training was last undertaken in October and November 2015. The records indicated that a fire drill took place on 3 August 2015.

5.4.6 Accidents / Incident reports

We reviewed accident/incident records which have occurred since the previous inspection and found these to be appropriately managed and reported.

5.4.7 Complaints /Compliments records

In our inspection of complaint records and discussion with the registered manager we confirmed that complaints had been managed appropriately.

5.4.8 Visits by the Registered Provider

We reviewed the record of these visits. This record confirmed that these visits were unannounced and were undertaken on a monthly basis.

Areas for improvement

One requirement was made to ensure the fire safety risk assessment was updated.

Number of Requirements:	1	Number of Recommendations:	0
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6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Patricia Kelly, registered manager. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

6.1 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, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: 26 December 2015	The registered person must ensure that a current fire safety risk assessment is undertaken within the home.		
	Response by Registered Person(s) detailing the actions taken: Review of fire risk assessment completed on 05.01.16, have arranged for regular annual reviews to take place.		
Registered Manager completing QIP	Patricia Kelly	Date completed	06.01.16
Registered Person approving QIP	Sharon Ford	Date approved	06.01.16
RQIA Inspector assessing response	Laura O'Hanlon	Date approved	22.1.16

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address