

Unannounced Care Inspection Report

28 June 2016



Action on Hearing Loss

Type of Service: Residential Care Home

Address: 1-2 Harkness Gardens, Londonderry, BT47 6GG

Tel No: 028 7134 1005

Inspector: Laura O'Hanlon

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Action on Hearing Loss took place on 28 June 2016 from 10:30 to 16:00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Two recommendations were stated in regard to the need to ensure a written record is maintained of staff supervision and review the adult safeguarding policy to reflect the current regional guidance.

Is care effective?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

Is care compassionate?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views of residents.

Is the service well led?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and good working relationships.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Patricia Kelly, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered provider: 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-MP - Mental disorder excluding learning disability or dementia RC-LD - Learning Disability RC-SI - Sensory Impairment	Number of registered places: 6
Weekly tariffs at time of inspection: £1086.23 - £1944.44	Number of residents accommodated at the time of inspection: 6

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned QIP and the accident/incident notifications.

During the inspection the inspector met with six residents, three members of the care staff and the registered manager.

Three representative views and eight staff views questionnaires were left in the home for completion and return to RQIA.

The following records were examined during the inspection:

- Two care records
- Duty rota for week beginning 27 June 2016
- Supervision and appraisal records
- Record of a completed induction programme
- Mandatory training records
- Staff recruitment files
- A staff competency and capability assessment
- Policy on adult safeguarding
- Fire safety records
- Records of residents and staff meetings
- Record of complaints
- Accident and incidents records
- Monthly monitoring reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 November 2015

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and was approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 26 November 2015

Last care inspection statutory requirements		Validation of compliance
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.	Met
	Action taken as confirmed during the inspection: A fire safety risk assessment completed on 5 January 2016 was available for inspection.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with staff.

On the day of inspection the following staff were on duty – two support workers, one senior support worker and the registered manager.

Review of a completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A review of two staff files confirmed that appraisals were completed in May 2016.

The registered manager and staff confirmed that supervision was completed on a six to eight weekly basis. However written records were unavailable within the files reviewed. A recommendation was made to ensure a written record is maintained of staff supervision.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A review of one staff competency and capability assessment found this to be satisfactory.

Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Written confirmation was provided by the human resources department prior to commencement of employment that all necessary documentation was in order.

The adult safeguarding policy and procedure in place, dated February 2015, included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A recommendation was made to review the adult safeguarding policy to ensure it reflects the current regional guidance.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff in 2014 and 2015. Further adult safeguarding training is scheduled for September 2016.

The registered manager reported there had been no recent safeguarding issues in the home. A review of accident and incidents notifications, review of care records and complaints confirmed this. The registered manager described how any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual multi-disciplinary needs assessments and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments (e.g. manual handling where appropriate) were reviewed and updated annually or more often if required.

The registered manager confirmed that areas of restrictive practice employed within the home included alarmed bedroom doors and an alarmed front door. Those residents who are assessed as capable and competent to leave the home independently were able to do so. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans were devised by specialist behaviour management teams from the Trust and that the behaviour management plans were regularly reviewed and updated as necessary.

Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection, prevention and control (IPC) procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed in bathrooms.

A general inspection of the home was undertaken to examine the bedrooms, communal bathrooms, the communal lounges and the dining room. The residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff, including those with sensory impairments. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated 5 January 2016, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 27 June 2016 and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained.

Areas for improvement

Two recommendations were made. These related to the need to:

- ensure a written record is maintained of staff supervision.
- review the adult safeguarding policy to ensure it reflects the current regional guidance

Number of requirements	0	Number of recommendations:	2
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of two care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that they had an understanding of person centred care and a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. This was also recorded separately on a professional contact sheet.

The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Observation of practice evidenced that staff were able to communicate effectively with residents and other key stakeholders.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident meetings were available for inspection.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents. The registered manager shared a recent experience where a resident in the home was experiencing health care concerns. The registered manager involved the services of an independent advocate to ensure the wishes and needs of the resident were fully represented. This is to be commended.

Areas for improvement

There were no areas of improvement identified within this domain.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with staff and a review of care records confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

The registered manager confirmed that consent was sought in relation to care and treatment. Discussion with staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Through discussion with staff they were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Care records contained activities which each resident likes to undertake.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, review of care records and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The registered manager confirmed that residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. There were many examples of this throughout the home such as care records, resident questionnaires and minutes of residents meetings were recorded in picture format and there were pictorial daily planners and menus in place.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions with staff, residents meetings and care management reviews.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties.

Some staff comments made during the inspection were:

- “This is a great place to work and I am supported by a great staff team.”
- “If I had any concerns I am confident they would be addressed. There is a good staff team with good working relationships, everyone helps each other out. The manager is very approachable and the necessary action would be taken.”

Areas for improvement

There were no areas of improvement identified within this domain.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager confirmed that policies and procedures were systematically reviewed every three years or more frequently should changes occur.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. A pictorial letter was in place to assist residents to make a complaint. The home retained a record of compliments.

A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A monthly audit of accidents and incidents was undertaken and this was available for inspection.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was evidence of managerial staff being provided with additional training in governance and leadership. The registered manager confirmed that she recently completed training in management and leadership.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employer's liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Patricia Kelly, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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, RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Care.Team@rqia.org.uk by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1 Ref: Standard 24.2 Stated: First time To be completed by: 29 June 2016	The registered provider should ensure that a written record is maintained of staff supervision. Response by registered provider detailing the actions taken: All notes from previous staff supervisions have been written, all are up to date, those held following inspection have also been written up.
Recommendation 2 Ref: Standard 21.5 Stated: First time To be completed by: 28 September 2016	The registered provider should review the adult safeguarding policy to ensure it reflects the current regional guidance. Response by registered provider detailing the actions taken: The safeguarding policy is in final draft with our Policy & Practice team and reflects the most recent regional guidance. Will forward a copy to RQIA when approved by the Director of Care & Support.

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



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