



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow-up Care Inspection Report 6 March 2019



Action on Hearing Loss

Type of Service: Residential Care Home
Address: 1-2 Harkness Gardens, Londonderry
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Tel No: 028 7134 1005
Inspector: Laura O'Hanlon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for six persons in the categories of care cited on the home’s certificate of registration and detailed in Section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Royal National Institute for Deaf People t/a Action on Hearing Loss Responsible Individual: Sharon Ford	Registered Manager: Ann Patricia Kelly
Person in charge at the time of inspection: Patricia Kelly	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) MP - Mental disorder excluding learning disability or dementia LD - Learning Disability SI – Sensory impairment	Number of registered places: 6

4.0 Inspection summary

An unannounced inspection took place on 6 March 2019 from 10.30 to 15.00.

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

This was a focused inspection to review the provision of health and social care within the home. We also reviewed and assessed compliance with the areas of improvement identified during the last care inspection.

Good practice was evident in regard to the staff knowledge of the residents' care needs, the culture and ethos of the home and communication between the staff and the residents.

One area requiring improvement was stated for the second time. One new area for improvement was identified in relation to the monthly monitoring visits undertaken by the registered provider.

While residents were unable to articulate their views, they appeared content and relaxed within their surroundings. Staff interactions with residents were found to be positive.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*1

*The total number of areas for improvement includes one standard which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 October 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events and any written and verbal communication received since the previous care inspection.

During the inspection the inspector met with five residents, two staff and the registered manager. Five residents' and residents' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have We Missed You?' cards which were placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Three residents' care files
- Accident, incident, notifiable event records
- Reports of visits by the registered provider
- Fire safety risk assessment

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 October 2018

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

6.2 Review of areas for improvement from the last care inspection dated 23 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (2) (b) Stated: First time	The registered person shall request a comprehensive multi-disciplinary review to ensure that the placement remains appropriate to meet the needs of one identified resident.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of care records confirmed that there has been extensive multi-disciplinary work undertaken since the last care inspection. A multi-disciplinary care review was completed when this identified resident was in hospital.	
Area for improvement 2 Ref: Regulation 17 (2) Stated: First time	The registered person shall ensure that residents are consulted with, at least annually, about the quality of care and environment; the findings from the consultation are collated into a summary report and made available for interested parties to read.	Met
	Action taken as confirmed during the inspection: An annual quality review report was completed for the year ending 2018 and was made available for the inspector.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: First time	The registered person shall ensure that the following issues are addressed: <ul style="list-style-type: none"> • Ensure communal areas and bedrooms are redecorated • Address the damp areas in one identified bedroom • Repair the broken doors of the cupboard in the identified bathroom 	Met
	Action taken as confirmed during the inspection: Observations of the environment during the inspection confirmed that the above matters were addressed.	
Area for improvement 2 Ref: Standard 28.4 Stated: First time	The registered person shall ensure that a system is devised and implemented which ensures that Northern Ireland Adverse Incidence Centre (NIAIC) alerts are regularly checked and actioned, as necessary.	Partially met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that a system for checking the Northern Ireland Adverse Incidence Centre (NIAIC) alerts was devised. However this was not consistently implemented. This area for improvement will be stated for the second time.	

6.3 Inspection findings

6.3.1 Staffing Arrangements

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary staff were used in the home. The registered manager stated that the use of temporary staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home. Observation of the delivery of care evidenced that residents' needs were met and that staff attended to residents' needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Some comments received included:

- “There are sufficient staff on duty in the home.”
- “This is a good staff team and we all work well together.”
- “The staffing levels are more stable since the new staff were recruited.”

6.3.2 Health and Social Care provision in the home

A review of three residents’ care records identified that the name and contact details of each resident’s GP, optometrist and dentist was recorded and easily accessible for all staff. Discussion with the registered manager confirmed that, should a resident require to be registered with a new GP, optometrist or dentist after admission, the resident and/or representative is provided with information on the choice of services in the locality and assisted in the registration process.

Discussions with staff on duty confirmed that they had good knowledge and understanding of residents’ specific needs and interventions required. Care records reflected comprehensive assessments completed by staff. Staff confirmed that they received updates during staff handovers of any changes in a resident’s condition and that the care plan is updated to reflect these.

Examination of three care records evidenced that resident wellbeing is continually monitored and recorded. There was evidence of comprehensive assessments undertaken which informed care plans and risk assessments. Care records showed evidence of referrals to and regular liaison with primary health care professionals and social services. There were detailed hospital passports in place. The registered manager explained how significant this document was, particularly when the resident has no verbal communication. This is to be commended.

A review of three care records, discussion with the registered manager and staff members confirmed that residents’ representatives are provided with information verbally and that this is recorded in the resident’s care records where appropriate. Residents’ representatives are also kept informed of any follow up care during annual care reviews.

The care records reviewed identified that a record of contact with professionals was maintained within the document named ‘record of health appointments’. There was also evidence to confirm that referrals were completed in a timely manner, to the appropriate services. Discussions with staff confirmed that residents’ personal equipment and appliances were maintained by residents with assistance from staff. Care plans reviewed detailed the support needed.

Documents contained in care records were person centred and a number of these records were available in an easy read/pictorial format. Such records were easily understood but comprehensive. This is to be commended.

6.3.3 Environment

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures.

The home was fresh-smelling, clean and appropriately heated. Bedrooms were personalised with items belonging to individual residents. It was noted that redecoration had been completed in the communal areas.

6.3.4 Care practices

Discreet observations of care practices evidenced residents being treated with dignity and respect. Care duties and tasks were organised and unhurried. Staff interactions with residents were polite, friendly, warm and supportive. Residents appeared comfortable, content and at ease in their environment and interactions with staff.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Staff spoke positively about their roles and duties, training and managerial support. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management. Some of the comments made by staff were:

- “I really love working here, things are done properly and correctly. There is a good standard of care provided. There are always choices offered to the residents.” (staff)
- “All information in relation to the residents is passed on.” (staff)

6.3.5 Fire Safety

The home had a fire risk assessment in place dated 29 January 2019 and all the recommendations made at this assessment were addressed.

6.3.6 Governance Arrangements

The certificate of registration issued by RQIA was appropriately displayed in the entrance in the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Discussion with the staff confirmed they were knowledgeable in regard to the management arrangements in the home. Review of the duty roster identified the person in charge of the home in the absence of the registered manager.

A review of the accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

The records of the visits undertaken by the registered provider as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 were reviewed. A report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action. However, it was noted that visits were not completed in January and February 2019. This was identified as an area for improvement to ensure that these visits are undertaken on a monthly basis.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

A comment made by a staff member during the inspection was:

- “Pat is a great manager and she is very approachable. She always gives clear direction.”

Areas for improvement

One area for improvement was identified in relation to the need for the monthly monitoring visits to be completed monthly.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the 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 if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. 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.

7.1 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 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 29 (3) Stated: First time To be completed by: 7 March 2019	<p>The registered person shall ensure that the monitoring visits undertaken by the registered provider are completed on a monthly basis.</p> <p>Ref: 6.3.6</p> <p>Response by registered person detailing the actions taken: We are committed to the completion of the monthly monitoring visits and have a good record in this regard. We acknowledge that there was a gap due to a bereavement. Visits are now back on schedule on a monthly basis. To avoid any similar issues in the future, we have made a commitment to ensure there is a back up person to attend if the designated person should ever be unable to carry out the visit.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 28.4 Stated: Second time To be completed by: 6 April 2019	<p>The registered person shall ensure that a system is devised and implemented which ensures that Northern Ireland Adverse Incidence Centre (NIAIC) alerts are regularly checked and actioned, as necessary.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: We had put a system in place following the last inspection but this had not been completed regularly. We have been completing weekly since the inspection on March 6th and will continue to do so.</p>

Please ensure this document is completed in full and returned via Web Portal



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