



Unannounced Care Inspection Report 23 October 2018



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.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 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: Ann 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 care inspection took place on 23 October 2018 from 10.15 to 16.00.

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

The inspection assessed progress with any areas for improvement identified since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, training and supervision and the management of incidents. Good practice was also found in relation to communication among the staff team and the staff knowledge of individual residents' needs.

Areas requiring improvement were identified in regards to the environment, the need for a care management review for one identified resident, the completion of the annual quality review report and to devise and implement a system for checking safety bulletins, serious adverse incident alerts and staffing alerts.

Residents were observed to be at ease with the staff and positive, meaningful interactions were observed between residents and staff.

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	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Ann Patricia Kelly, Registered Manager, and Danielle Harrison, Deputy 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

No further actions were required to be taken following the most recent inspection on 22 March 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, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, six residents and four staff.

A total of five questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three residents' care files
- The home's Statement of Purpose
- Minutes of staff meetings
- Complaints and compliments records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records

- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- A sample of policies and procedures

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 22 March 2018

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement identified at this inspection.

6.2 Review of areas for improvement from the last care inspection dated 22 March 2018

There were no areas for improvements made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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 residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of two induction records 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 annual appraisal of staff was regularly provided. Schedules of training, staff appraisals and supervision were reviewed during the inspection and noted to be satisfactory.

Discussion with the registered manager further evidenced 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 registered manager. Two staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. The registered manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff information reviewed confirmed that AccessNI information was recorded and managed in line with best practice. The registered manager further advised that she is able to access an electronic system to validate that all pre-employment checks had been completed.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy was reviewed at a previous inspection. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

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 whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; relevant written records were also retained. Appropriate protection plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained prior to admission.

The registered manager advised there were restrictive practices within the home, notably, the use of a keypad entry system to the home, management of smoking materials and bespoke restrictions to meet individuals care needs. In the care records examined, the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the health and social care trust and noted to be regularly updated and reviewed as necessary. The registered manager was aware that when restrictive

practices are employed, that RQIA and appropriate persons/bodies must be informed in compliance with current guidance.

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.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. The registered manager confirmed that any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the health and social care trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling and appropriately heated. It was noted that a new floor was installed in the sitting room. However, it was observed that the sitting room requires refurbishment, specifically, the need to be re-painted. Damp areas were also observed in one bedroom. This was discussed with the registered manager who advised that painting was to commence shortly and the residents were involved in choosing colour schemes for the bedrooms and communal areas. In addition, doors were noted to be broken off the cupboard in one communal bathroom. These issues were identified as an area for improvement under the standards.

Inspection of the internal and external environment identified that the home was 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. No malodours were detected in the home.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly.

The home had a Legionella risk assessment in place dated 5 September 2014. Following discussion with the registered manager it was confirmed that a review of this risk assessment was scheduled. The registered manager was advised to forward a copy of this assessment to RQIA when this is completed.

It was established that one resident smoked. It was noted that in the designated area where the resident smokes, there is a curtain nearby. Discussion took place with the registered manager concerning this and the need to ensure that the curtain is suitably fire retardant. This registered manager was in the process of actioning this matter before the end of the inspection.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. Discussion with the registered manager identified that there was no regular system in place to check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary. This was identified as an area for improvement to devise and implement a system for the management of this.

The home had an up to date fire risk assessment in place dated 5 January 2018 and all recommendations had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes identified. Fire safety records evidenced that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Staff spoken with during the inspection made the following comments:

- “The staffing levels are fine.”
- “The staff morale is good.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding and infection prevention and control.

Areas for improvement

Two areas for improvement were identified in regards to the environment and the need to devise and implement a system to check the Northern Ireland Adverse Incidence Centre alerts and action as necessary.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

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

Records were stored safely and securely in line with General Data Protection Regulation (GDPR).

A review of three care records confirmed that these were maintained in compliance with relevant legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessments and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to

be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Review of one care record, in addition to observations of care practice and discussion with the staff identified one resident who was experiencing difficulties in regards to their general health and displaying behaviours which staff may find challenging. Records confirmed that the registered manager and staff had made appropriate referrals to the multi-professional team to address this situation and resolve issues, as appropriate. However, concern was raised by the inspector in regards to the suitability of this placement for the individual resident and the impact of the current situation on the other residents and staff. This was identified as an area for improvement under the regulations and the registered manager was asked to request a comprehensive multi-disciplinary review to ensure that the placement remains appropriate to meet the needs of this resident.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

Discussion with the registered manager and staff confirmed that any wound care issues would be managed by community nursing services.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

A review of care records, along with accident and incident reports, confirmed that referrals to other healthcare professionals was timely and responsive to the needs of the residents.

The registered manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Staff spoken with during the inspection made the following comments:

- "We have a good staff team and we all work well together. Everyone helps each other out."
- "Staff morale is good as we have a good staff team who help each other out."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between residents, staff and other interested parties.

Areas for improvement

One area for improvement was identified in relation to the need for a comprehensive multi-disciplinary review for one identified resident.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs as identified within the residents care plan. Residents were observed to be relaxed and comfortable in their interactions with staff. It was evident that there were good relationships between residents and staff. Staff were observed chatting and engaging with residents and demonstrated an effective knowledge of residents' life experiences and interests.

The registered manager advised that consent was sought in relation to care and treatment. Discussion with staff and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and the need to protect residents' confidentiality.

Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain.

Residents were provided with information, in a format that they could understand, and which enabled them to make informed decisions regarding their life, care and treatment. Care plans, for example, were written in a pictorial easy to read format.

Discussion with staff and observation of their practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Following discussion with the registered manager it was identified that whilst residents were consulted with, at least annually, about the quality of care and environment; the findings from the consultation were not collated into a summary report. This was identified as an area for improvement to ensure that this information is compiled into a summary report and made available for interested parties to read.

Discussion with staff, observation of their practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Some of the residents were on a bus outing during the inspection while others were watching television.

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

Staff spoken with during the inspection made the following comments:

- “This is a good home.”
- “Residents are well looked after.”

Areas of good practice

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.

Areas for improvement

One area for improvement was identified in relation to the need for the completion of the annual quality summary report.

	Regulations	Standards
Total number of areas for improvement	1	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the 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 with RQIA.

A range of policies and procedures was 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 stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff, as appropriate, and identify any areas for learning which would help to drive further improvement in service delivery.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

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 relevant legislation and the home's procedures. A regular audit of accidents and incidents which had been undertaken was reviewed as part of the inspection process. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

A visit by the registered provider 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, RQIA and any other interested parties to read.

There was a clear organisational structure and all staff were aware of their roles, responsibilities and accountability. This was outlined in the home's Statement of Purpose and Resident's Guide. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The registered manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. Discussion with the registered manager and staff confirmed that there were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

Staff spoken with during the inspection made the following comments:

- "Pat is a good manager who is trying her best."
- "Pat is a good manager; she is very proactive in trying to get things sorted."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Ann Patricia Kelly, Registered Manager and Danielle Harrison, Deputy 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

<p>Area for improvement 1</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>We are currently working to a newly drafted support plan around all key needs and we are working in partnership with the Consultant Psychiatrist with the specialist Mental Health & Deafness Service, the community psychiatric service, the person's GP. I have contacted all members of the Multi-disciplinary team and requested dates for a review to ensure the placement at Harkness Gardens continues to be appropriate to meet the needs of HG10.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 17 (2)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2018</p>	<p>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.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The people we support are consulted 3 monthly for feedback regarding their set Outcomes which is recorded on the outcomes tool and a copy kept in their support plan, 6 monthly reports are compiled regarding the Involvement Standards using feedback from the people we support, a report from the findings will be compiled and sent to RQIA, this will be completed annually going forward.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall ensure that the following issues are addressed:</p> <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 <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The following areas have been re-decorated: Entrance Hallway Dining room. Kitchen. Living room. bathroom 1 Bathroom2. Hall outside large office. Laundry. Conservatory. The dark patches in the bedroom have been treated, paint has been bought and have arranged with painter to complete. Bathroom cupboard replaced.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 28.4</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2018</p>	<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: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Responsibility delegated to DH Deputy Manager.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews