



The Regulation and  
Quality Improvement  
Authority

Action on Hearing Loss  
RQIA ID: 1122  
1-2 Harkness Gardens  
Londonderry

Inspector: Laura O'Hanlon  
Inspection ID: IN22205

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

**23 June 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 23 June 2015 from 10.15 to 15.45. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	1	2

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

<b>Registered Organisation/Registered Person:</b> Action on Hearing Loss T/A Royal National Institute for the Deaf Mrs Sharon Ford	<b>Registered Manager:</b> Mrs Ann Patricia Kelly
<b>Person in Charge of the Home at the Time of Inspection:</b> Patricia Kelly	<b>Date Manager Registered:</b> 22/1/2007
<b>Categories of Care:</b> RC-LD, RC-MP, RC-SI	<b>Number of Registered Places:</b> 6
<b>Number of Residents Accommodated on Day of Inspection:</b> 4	<b>Weekly Tariff at Time of Inspection:</b> £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 and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

## 4. Methods/Process

Prior to inspection we analysed the following records: returned QIP from the last inspection and notifications of incidents and accidents.

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

We inspected the following records: three care records, accident / incident reports, fire safety records, complaints/compliments, registered provider visits and policies and procedures available relating to death and dying.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 12 May 2015. The completed QIP was returned and was approved by the pharmacy inspector on 23 June 2015.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27 2(b)	The registered person shall, having regard to the number and needs of the residents, ensure that the premises to be used as the home are of sound construction and kept in a good state of repair externally and internally. I.e. remove weeds from outside path and blinds be provided in the conservatory.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Weeding has taken place on the outside path. Net curtains have been installed to ensure resident privacy.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27 (4) (a)	The registered person must ensure that a current fire risk assessment has been undertaken and confirm this in writing to the home's aligned RQIA estates inspector.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A fire safety risk assessment dated 29 October 2014 was available in the home during the inspection.	
<b>Requirement 3</b>  <b>Ref:</b> Regulation 27(2) (d)	The registered manager is required to ensure that all parts of the home are reasonably furnished i.e. the dining room tables and chairs are in need of replacement.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The dining room tables and chairs have been re-varnished or replaced.	

### **5.3 Standard 14: The death of a resident is respectfully handled as they would wish**

#### **Is Care Safe? (Quality of Life)**

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

The general experience within the home has been that residents have been transferred to hospital or nursing care due to complex health care needs. This has been undertaken with the consent of the resident and their next of kin or representative.

The home has a spiritual ethos. Service users are encouraged and assisted to attend their preferred place of worship.

In our discussions with the registered manager and staff we confirmed that arrangements can be put in place so that spiritual care can be made available for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying would be enabled to do so if the resident wishes.

We reviewed a sample of compliment letters. These were messages of praise for the staff and for the compassion and kindness shown to their relative.

We noted that within the home's policy, when a death of a resident occurs, the resident's next of kin or family deal with the deceased resident's belongings. This is attended to, at a sensitive and convenient time after the burial.

#### **Is Care Effective? (Quality of Management)**

We noted that the home had a written policy in place on end of life care.

We noted that care plans were currently being developed for each resident on death and dying. One care plan already completed documented the wishes of the resident or their representative following their death. Spiritual and cultural wishes were recorded within this record. The document was signed by the resident and/or their representative. This practice is to be commended.

In our discussions with the registered manager and staff they confirmed to us that the district nursing service attached to the home would lead in the management of palliative care. We noted within care records of one resident, regular liaison with the multi-disciplinary team.

#### **Is Care Compassionate? (Quality of Care)**

In our discussions with the registered manager they shared their experience of a death of a resident. The registered manager confirmed that the residents were informed as a group and in a sensitive manner. The residents were supported by staff to attend the funeral if they wished.

In our discussions with staff they demonstrated to us that they had knowledge and understanding in this area of care.

## Areas for Improvement

There were no areas of improvement identified with the standard inspected. Overall, this standard is assessed to be safe, effective and compassionate.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### 5.4 Theme: Residents receive individual continence management and support

#### Is Care Safe? (Quality of Life)

We reviewed three care records. We found that a needs assessment was completed and that care plans were in place. These were reviewed to reflect the changing needs of the resident.

Within one care record we noted that there had been an overall deterioration in this resident's condition. A recommendation was made to undertake a multi-disciplinary review of this resident's care needs.

We spoke with staff members. They were able to describe the system of referral to community continence services for specialist continence assessment.

In our discussions with staff, we found that they were able to demonstrate knowledge in the area of continence care.

From our discreet observations, discussion with staff and review of care records we identified no mismanagement in this area of care such as breakdown of skin integrity.

We found adequate provision of continence products, laundered bed linen and towels. Gloves, aprons and hand washing dispensers were also available.

#### Is Care Effective? (Quality of Management)

A recommendation was made to ensure that the home develops a policy on continence promotion.

Staff were able to verify to us that any issues of assessed need are reported to the continence services for advice and guidance.

#### Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff.

## Areas for Improvement

One recommendation was made to ensure that the home develops a policy on continence promotion. A second recommendation was stated to ensure that a multi-disciplinary review is undertaken of one resident's care needs.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## **5.5 Additional Areas Examined**

### **5.5.1 Residents Views**

We met with four residents either individually or as part of a group. We observed residents relaxing in the communal lounge area. Residents were involved in activities. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. We observed that all residents were well presented.

### **5.5.2 Staff Views**

We spoke with three care staff members individually, in addition to the registered manager. Staff advised us that they felt well supported in their respective roles. The staff stated they work well as a team. 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.

- “This is a lovely place to work because you can see the impact of the work you do on the residents. There is a strong focus on outcomes.”
- “The residents are treated with dignity and respect, service user focused.”
- “The care here is excellent for the service users.”

Ten staff questionnaires were distributed for return.

### **5.5.3 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.

### **5.5.4 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.

### **5.5.5 Accidents / Incident reports**

We reviewed accidents and incidents records and care records. We found these reports to be appropriately managed and reported.

### **5.5.6 Fire Safety**

We confirmed that the home's most recent fire safety risk assessment was dated 29 October 2014.

We reviewed the fire safety records and could confirm that fire safety training was completed on 7 May 2015. The registered manager confirmed that a fire drill took place on 26 April 2015.

The records identified that different fire alarms have been tested weekly with written records maintained. There was no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

### 5.5.7 Visits by registered provider

We inspected these records. We can confirm that these visits have not been undertaken on a monthly basis. A requirement was made to address this.

#### Areas for Improvement

A requirement was made to ensure that the registered provider visits are undertaken on a monthly basis.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 6.0 Quality Improvement Plan

The issues identified during this inspection are 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 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 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](mailto:care.team@rqia.org.uk) and assessed by the inspector.



## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 29 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> From the date of this inspection</p>	<p>The registered person must ensure that these visits are unannounced and undertaken on a monthly basis.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Information sent to RQIA regarding gaps in registered person visits, report from service review by Policy &amp; Practice team on 7<sup>th</sup> &amp; 8<sup>th</sup> of Oct 14 and information regarding financial audit by Peter Robson, Executive Director of Corporate Resources on 24<sup>th</sup> of March 15. will ensure that audit reports are printed off and kept in the provider visits folder.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 September 2015</p>	<p>The registered person should develop a policy on the management of continence promotion.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Currently in the process of developing a policy, will forward to RQIA on completion for feedback.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 July 2015</p>	<p>The registered person should ensure that a multi-disciplinary review is undertaken of one residents care needs.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Multi-disciplinary review held on 24.07.15</p>

<b>Registered Manager Completing QIP</b>	Patricia Kelly	<b>Date Completed</b>	27.07.15
<b>Registered Person Approving QIP</b>	Sharon Ford	<b>Date Approved</b>	05/08/15
<b>RQIA Inspector Assessing Response</b>	Laura O'Hanlon	<b>Date Approved</b>	10.08.15

*\*Please complete in full and return to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**

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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.