

Unannounced Care Inspection Report 4 August 2018



Fairview & Craigdene Residential Care Home

Type of Service: Residential Care Home

Address: 24a Trench Road, Waterside, Londonderry, BT47 3UB

Tel No: 028 7134 2147

Inspector: John McAuley

www.rgia.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 with twenty six beds that provides care for residents living with a learning disability. The home is made up of two houses (Fairview and Craigidene) which are adjacent to each other.

3.0 Service details

Organisation/Registered Provider: Charline Care Homes Ltd Responsible Individual: Graham Wilkinson	Registered Manager: Sandra Boyd
Person in charge at the time of inspection: Christian Crossan - Senior Care Assistant	Date manager registered: 8 November 2017
Categories of care: Residential Care (RC) LD – Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 26

4.0 Inspection summary

An unannounced care inspection took place on 4 August 2018 from 10.30 to 14.40 hours.

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 during and 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 the induction programme for new staff, adult safeguarding, care records and management of incidents. Good practice was also found in relation to governance arrangements, maintaining good working relationships and communication between residents, staff and other interested parties.

Four areas requiring improvement were identified. These were in relation to identifying a nominated person in charge in the duty rota, competency and capability assessments for any person in charge, making good an identified dining room and cooker and revising an identified care plan(s).

Feedback from residents throughout this inspection was all positive in respect of their life in the home, their relationship with staff, the provision of meals and the general atmosphere in the home.

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	3

Details of the Quality Improvement Plan (QIP) were discussed with Christian Crossan - Senior Care Assistant, 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 16 January 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 written and verbal communication received since the previous care inspection.

During the inspection the inspector met with eighteen residents, four staff of various grades, one visiting relative and the senior care assistant in charge.

A total of ten 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. Two questionnaires were returned by residents' representatives 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
- Four residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Infection control records
- Equipment maintenance records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Legionella risk assessment

- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

The one area of improvement identified at the last care inspection was 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 16 January 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 16 January 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 30 (1) (c) Stated: First time	The registered person shall notify the RQIA of any accident/incident where medical assistance is sought.	Met
	Action taken as confirmed during the inspection: An inspection of care records together with notification reports confirmed that due reporting has been put in place.	

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 senior care assistant advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were not used in the home. 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. An inspection of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with 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.

During this inspection there was no definitive nominated person in charge on the duty rota. This has been identified as an area of improvement in accordance with standards to put in place. Staff on duty also could not confirm if a competency and capability assessments was 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. This has also been identified as an area of improvement in accordance with legislation to put in place.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. No staff recruitment files were inspected on this occasion as staff had no access to this locked storage.

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 home's adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with staff, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The senior care assistant 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. An inspection of a sample of residents' care records found that pre admission assessments and risk assessments were obtained from the Health and Social Care Trust prior to admission.

The home's policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The senior care assistant advised there were no restrictive practices within the home and on the day of the inspection none were observed.

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 trust and noted to be regularly updated and reviewed as necessary.

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

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 IPC procedures.

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 senior care assistant reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the Trust and RQIA.

A general inspection of the home was undertaken. The home was found to be clean and tidy with a good standard of décor and furnishings being maintained. Residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. Two issues of improvement in accordance with standards were identified. One related to a dining room floor in Craigdene which had torn patches and was in need of repair/making good. The other related to a cooker in Craigdene which was heavily stained and in need of making good.

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. No malodours were detected in the home.

A questionnaire was left for the registered manager to confirm the date of the most recent Legionella risk assessment and confirmation that any recommendations from this assessment had been attended to

It was established that one resident in the home smoked. An inspection of the care records of this resident identified that the risk assessment and corresponding care plan was completed in relation to smoking.

A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

A questionnaire was left for the registered manager to confirm the date of the most recent Lifting Operations and Lifting Equipment Regulations (LOLER) inspection.

A questionnaire was also left for the registered manager to confirm the date of the most recent fire risk assessment and confirmation that any recommendations from this assessment had been attended to.

Inspection of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records inspected confirmed these were up to date. The records also included the 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 on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Two completed questionnaires were returned to RQIA from residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

Three areas for improvement were identified. These were in relation to identifying a nominated person in charge in the duty rota, competency and capability assessments for any person in charge and making good an identified dining room and cooker.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

Discussion with the senior care assistant established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

An inspection of four residents' care records was undertaken. Three of these records were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments such as nutrition and falls were reviewed and updated on a regular basis or as changes occurred.

One identified care record was still using the Trust's care plan and was in need of being revised on an up to date basis. This has been identified as an area of improvement in accordance with standards.

The care records 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. An individual agreement setting out the terms of residency was in place and appropriately signed.

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. For example, in how they facilitated residents' social interests and pastimes.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Observations of the dinner time meal at the time of this inspection found the meals to be appetising and nicely presented. Tables were appropriately facilitated with choice of condiments and there was a relaxed ambience in place for residents to enjoy their meal. After the meal, residents commented positively on this.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner.

Staff 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 and/or their representative meetings were inspected.

Observation of practice evidenced that staff were able to communicate effectively with residents. Interactions were warm and pleasant.

Discussion with staff confirmed that management operated an open door policy in regard to communication within the home.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Two completed questionnaires were returned to RQIA from residents’ representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

One area of improvement was identified in relation to revising an identified care record(s).

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Staff advised that 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 also advised that consent was sought in relation to care and treatment.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Interactions with staff and residents were found to be polite, friendly, warm and supportive. Staff described their awareness of promoting residents’ rights, independence, dignity and confidentiality were protected. For example staff were diligent in ensuring the handover of information was undertaken discreetly.

Discussion with residents and staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

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

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.

Discussion with residents, staff and one visiting relative, along with observation of care practices confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. For example it was observed how a staff member interacted in a kind, caring, knowledgeable manner with a particular resident to alleviate their anxiety.

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. For example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings and day to day contact with management.

Discussion with residents and staff, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The majority of residents attend day care placements during the week. At the time of this inspection, residents were relaxing, watching television, engaged in arts and crafts and/or enjoying the company of one another. Some residents commented favourably on visiting entertainment which took place the previous evening. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example a number of residents were out with their families during this inspection.

The inspector met all the residents in the home at the time of this inspection. In accordance with their capabilities all confirmed/indicated that they were happy with their life in the home, their relationship with staff, the provision of meals and the general atmosphere in the home. Some of the comments made included statements such as;

- "I love it here."
- "It's a great home."
- "Everything is grand. No complaints."
- "I love the meals. You can get what you want and there is plenty to eat."
- "We all get on great."
- "The staff are lovely."

The inspector also met with one visiting relative. This relative was complimentary about the provision of care, the kindness and support received from staff and in particular the consistency of the staff team.

Two completed questionnaires were returned to RQIA from residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the feedback from residents and one visiting relative as well as general observations of care practices.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 senior care assistant 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.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s Guide and information on display in the home. RQIA’s complaint poster was available and displayed in the home.

Inspection 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. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

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

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was inspected as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

There was evidence of managerial staff being provided with additional training in governance and leadership. The senior care assistant advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home’s Statement of Purpose and Residents’ Guide

Inspection of the premises confirmed that the RQIA certificate of registration and employer’s liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. Staff advised that they felt comfortable about reporting issues of concern and felt that management would act on such in a positive, supportive manner. Discussion with staff also confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Two completed questionnaires were returned to RQIA from residents’ representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in respect of this domain 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 Christian Crossan – Senior Care Assistant, 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 20 (3)</p> <p>Stated: First time</p>	<p>The registered person shall put in place a competency and capability assessment for any person with the responsibility of being in charge in the absence of the registered manager.</p> <p>Ref: 6.4</p>
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<p>To be completed by: 4 October 2018</p>	<p>Response by registered person detailing the actions taken:</p> <p>Response by registered person detailing the actions taken:</p> <p>Competency and capability assessments have in fact been carried out for many years for all staff. Written records of the assessments are kept on each staff member's HR file in secure storage within the home. They were not accessible on the day of the inspection since it was carried out at the weekend and the Registered Manager was not present.</p> <p>Examples of written records of assessments carried out in 2014 & 2018 have been provided to the inspector by email. We are happy to supply copies of assessments for all staff if requested.</p> <p>The assessments are done by the Registered Manager to assess the member of staff as competent and capable to take responsibility for the home in the absence of the Registered Manager in that they have the requisite experience, up to date training and knowledge to do so, including :</p> <ul style="list-style-type: none"> • Knowledge of the individual needs of each of our residents. • Training in Fire Safety and the home's emergency procedures. • Training in all mandatory subjects stipulated by RQIA & the Residential Care Home Minimum Standards, including Vulnerable Adults, Challenging Behaviour, Food Hygiene, Infection Control etc. • Competence in the operation of the home's medication policy and procedures. • Knowledge of all other relevant policies and procedures in operation within the home.
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Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p> <p>To be completed by: 11 August 2018</p>	<p>The registered person shall ensure that the person in charge of the home at any time is clearly identified in the duty rota.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>This has been done. A new Policy & Procedure has been prepared to reflect that.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 4 October 2018</p>	<p>The registered person shall make good the deficits with;</p> <ul style="list-style-type: none"> • The cooker in Craigdene • The dining room floor in Craigdene <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The cooker at Craigdene was purchased new in 2016. Since the inspection it has been looked at by our appliance repair service and our electrician who have both advised that it is in good order and free from defect. However there is some superficial damage to the trim surrounding the hob. This appears to have been caused by staff using slightly overlarge saucepans to make fresh soup and the pans radiating heat from the hobs on to the adjoining trim. Staff have been advised of the issue and the Registered Person has diarised to review on 1 November 2018.</p> <p>The floor covering in Craigdene will be replaced in w/c 15 October. The torn patches have been covered in the interim.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 4 September 2018</p>	<p>The registered person shall revise and update the identified care plan on a comprehensive, holistic basis.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>A revised care plan was put in place within 14 days of the inspection.</p>

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



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