

Unannounced Care Inspection Report 2 February 2017



Slieveleague

Type of Service: Residential Care Home
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Inspector: Laura O'Hanlon

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Slieveleague took place on 2 February 2017 from 10.30 to 16.30.

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

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

One area for improvement was identified in relation to the staff duty rota.

Is care effective?

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

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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

One area for improvement was identified in relation to policies.

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

1.1 Inspection outcome

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

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

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 5 July 2016.

2.0 Service details

Registered organisation/registered person: John James Wesley Kerr	Registered manager: Patricia Grimes
Person in charge of the home at the time of inspection: Patricia Grimes	Date manager registered: 7 December 2015
Categories of care: I - Old age not falling within any other category DE - Dementia MP - Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years.	Number of registered places: 8

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan and the accident and incident notifications.

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

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal records
- One staff competency and capability assessment
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose
- Minutes of recent staff meetings
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings

- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policies and procedures manual

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 5 July 2016

The most recent inspection of the home was an unannounced care inspection. Requirements and recommendations are detailed below.

4.2 Review of requirements and recommendations from the last care inspection dated 5 July 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 15 (2) (b) Stated: Second time To be completed by: 7 February 2016	The registered person must ensure that the needs assessment of each resident is updated on an annual basis.	Met
	Action taken as confirmed during the inspection: A review of three care records confirmed that they contained a current needs assessment.	
Requirement 2 Ref: Regulation 20 (2) Stated: First time To be completed by: 5 August 2016	The registered person must ensure that supervision is completed with staff members no less than every six months.	Met
	Action taken as confirmed during the inspection: A review of two staff files confirmed that staff supervision was completed every six months.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 24.5 Stated: First time To be completed by: 31 July 2016	The registered person should ensure staff appraisals are completed annually.	Met
	Action taken as confirmed during the inspection: A review of two staff files confirmed that staff appraisals were completed annually.	

Recommendation 2 Ref: Standard 25.8 Stated: First time To be completed by: 31 July 2016	The registered person should ensure staff meetings are undertaken on a quarterly basis.	Met
	Action taken as confirmed during the inspection: A review of the record of staff meetings confirmed that staff meetings were undertaken on a quarterly basis.	

4.3 Is care safe?

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

A review of the duty roster confirmed that it accurately reflected the staff working within the home. However the duty rota did not clearly identify the person in charge in the absence of the manager. A recommendation was made to address this.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training was maintained and was reviewed during the inspection. A review of two staff files confirmed that staff supervision was undertaken on a six monthly basis and staff appraisals completed annually.

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

Discussion with the registered manager confirmed that no staff have been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established.

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

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

The registered manager confirmed there were restrictive practices employed within the home, notably the use of sensor mats and bed rails. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the statement of purpose and residents guide identified that restrictions were adequately described.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were in place. A number of policies including fire safety and COSHH were found to be out of date. This is detailed further in section 4.6.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment validated this.

There was an infection prevention and control (IPC) policy and procedure in place. This policy was found to be out of date. This is detailed further in section 4.6. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. 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.

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 in bathroom areas.

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

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

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

The home had an up to date fire risk assessment in place dated 26 August 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually.

A fire drill was completed on 18 January 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly.

Areas for improvement

One area for improvement was identified in relation to the staff duty rota.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

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

A review of three care records confirmed that these 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 a daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) 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.

Records were stored safely and securely in line with data protection.

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

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

A review 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.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

The registered manager confirmed 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.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home. The residents reported that lay ministers visit the home weekly. Discussion with residents, staff and review of care records confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The registered manager and the residents confirmed that consent was sought in relation to care and treatment. There was evidence of signed consent forms within care records. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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

Arrangements were in place for residents to maintain links with their friends, families and wider community. The home operates an open door policy and family are able to visit at any time.

Comments made by residents included:

- "I couldn't be better, the food is good. They care for all our needs and offer choices. They are excellent. They couldn't be any better; they are kind, obliging and patient. If I ask for anything it's given to me.
- "The food is really good in here, it's all home cooked and tasty."
- "The staff are very kind."
- "The staff are all very good."

Comments made by staff included:

- "Everything is good. I feel the residents are happy and they all get on well. Its home from home. The food is good and there is always a choice available. The manager is supportive, approachable and easy spoken to. There is good communication."
- "I think the home is good. They are well looked after and get plenty of attention. They are all very happy. The manager is great you can go to her about anything and be confident that any issues would be addressed. The residents all know we are there for them."

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

The registered manager outlined the management arrangements and governance systems in place within the home. 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. It was noted that a number of policies were not systematically reviewed every three years. Such policies included: infection prevention and control, health and safety, fire safety, accidents and incidents and whistleblowing policy. A recommendation was made to address this.

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

The registered manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

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

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

There was evidence of managerial staff being provided with additional training in governance and leadership. One of the care staff is currently being supported to complete their QCF Level 5 in management.

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

The registered manager confirmed 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 and employers liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responds to regulatory matters in a timely manner.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

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

Areas for improvement

One area for improvement was identified in relation to policies.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

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

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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.

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

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

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

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p> <p>To be completed by: 9 February 2017</p>	<p>The registered provider should ensure that the duty rota clearly identifies the person in charge of each shift in the absence of the manager.</p>
	<p>Response by registered provider detailing the actions taken: The Duty Rota now clearly identifies the person in charge of each shift in the absence of the manager. This was implemented with immediate effect following the inspection.</p>
<p>Recommendation 2</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 2 May 2017</p>	<p>The registered provider should ensure that the following policies are systematically reviewed every three years:</p> <ul style="list-style-type: none"> • Infection prevention and control • Health and safety • Fire safety • Accidents and incidents • Whistleblowing policy.
	<p>Response by registered provider detailing the actions taken: The aforementioned policies will be systematically reviewed every three years.</p>

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



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