

# Unannounced Care Inspection Report

## 28 June 2016



## Rectory Field

Type of Service:

Address: 19b Limavady Road, Londonderry, BT47 6JU

Tel No: 02871347741

Inspector: Ruth Greer

## 1.0 Summary

An unannounced inspection of Rectory Field Residential Care Home took place on 28 June 2016 from 10.00 to 15.00.

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

### Is care safe?

One recommendation was made in regard to safe care. This was in relation to repairs to wash basins in several bedrooms.

There were examples of good practice found in relation to competency and capability assessments and staff induction.

### Is care effective?

No requirements or recommendations were made in regard to effective care. There were examples of good practice found in relation to care records, reviews and communication with residents.

### Is care compassionate?

No requirements or recommendations were made in regard to compassionate care. There were examples provided by residents of many instances where the care and the kindness of staff was clearly compassionate.

### Is the service well led?

No requirements or recommendations were made in regard to well led care. There were examples of good practice found in relation to quality assurance measures within the home and of regular audits by the Trust line manager.

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
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Suzanne O'Connor, senior care assistant, on the day and Dolores Moran, manager, by telephone after the inspection, as part of the inspection process. The timescales for completion commence from the date of inspection. Findings of the inspection can be found in the main body of the report. Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent type e.g. care inspection

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Western Health and Social Care Trust	<b>Registered manager:</b> Dolores Moran
<b>Person in charge of the home at the time of inspection:</b> Suzanne O'Connor, senior care assistant	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> I - Old age not falling within any other category	<b>Number of registered places:</b> 35
<b>Weekly tariffs at time of inspection:</b> £494	<b>Number of residents accommodated at the time of inspection:</b> 17

## 3.0 Methods/processes

Prior to inspection the following records were analysed: the previous inspection report, the complaints return received from the home and notifications received at RQIA since the previous inspection.

During the inspection the inspector met with eight residents, two care staff, two catering staff, and one resident's visitor.

The following records were examined during the inspection:

- Complaints
- Staff training
- Supervision and appraisal programme
- Fire awareness
- Staff induction
- Competency and capability assessments
- Five residents' care files
- Accidents/incidents
- Selection of policies and procedures

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 13 October 2015

The most recent inspection of the home was an unannounced care inspection, no requirements or recommendations were made.

### 4.2 Review of requirements and recommendations from the last care inspection dated 13 October 2015

No recommendations or requirements were made as a result of the previous care inspection.

### 4.3 Is care safe?

The senior care assistant 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. The inspector was informed that staff undertake additional hours, if required to cover annual/sick leave. No concerns were raised regarding staffing levels during discussion with residents, one resident's representative and staff.

On the day of inspection the following staff were on duty –

- Senior care assistant x1
- Care assistant x 2
- Domestic staff x 2
- Catering staff x 2

Review of completed induction records and discussion with the senior care assistant and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. The senior care assistant 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 in respect of the senior staff in charge on the day, confirmed that it complied with current legislation and best practice. The assessment was found to be comprehensive and detailed in the designated duties and accountability of senior staff undertaking charge of a shift.

Discussion with the registered manager confirmed 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 is part of the selection panel for new staff within the Trust and no staff commence employment until confirmation is received from H.R that all necessary checks are in place.

Enhanced Access NI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

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

The adult safeguarding policies and procedures in place which were consistent with current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The policy had been reviewed and updated in September 2015

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention 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 to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff most recently in July and August 2015.

Discussion with the senior care assistant, review of accident and incidents notifications, review of care records and review of complaints 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 that there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior care assistant identified that the home did not accommodate any individuals whose needs could not be met. One resident had recently been assessed as requiring nursing care. Plans were underway in conjunction with the resident, family and Trust staff to arrange a transfer to a nursing home. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments (e.g. nutrition, falls) were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge dated August 2014 confirmed that this 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 confirmed that no areas of restrictive practice were employed within the home. On the day of the inspection no obvious restrictive practices were observed to be in use.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans were devised by specialist behaviour management teams from the Trust and that the behaviour management plans were regularly reviewed and updated as necessary.

Discussion with the senior care assistant and examination of accident and incident records confirmed that when / if individual restraint was employed, the appropriate persons/bodies would be informed.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that were appropriately maintained and reviewed regularly.

Review of the infection prevention and control (IPC) policy and procedure dated November 2014 confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in December 2014 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 premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. The home had developed an audit tool for hand hygiene audits. This is commendable practice. Notices promoting good hand hygiene were displayed throughout the home in both written and in pictorial formats.

The senior care assistant reported that there had been no recent outbreaks of infection. Any outbreak would be managed in accordance with trust procedures and would be reported to the local Consultant in Communicable Disease Control and to RQIA. Records would be retained.

A general inspection of the home was undertaken to examine bedrooms, bathrooms, the communal lounges and the dining room. The residents' bedrooms were personalised with photographs, pictures and personal items. It was noted that the wash basins in several bedrooms required attention. The sealant around the basins was black and mouldy in places. Some of the wash basin surrounds were chipped and worn. This was unsightly and may also pose an infection control risk. It should be noted that this issue had been identified by the manager and a request had been forwarded to the estates department of the Trust. A recommendation is made to replace/repair these areas as required in order to make good. The home fresh smelt, clean and was 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.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated, 3 February 2015 identified that any recommendations arising had been addressed appropriately. The assessment had been undertaken again on 7 July 2016. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed most recently on 3 May 2016 and records 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 and were regularly maintained.

### Areas for improvement

One area of improvement was identified during the inspection; this related to repairs required to some wash basins.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.4 Is care effective?

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

A review of five care records confirmed that these were maintained in line with the legislation and standards. They included 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 records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. For example residents have choice in all aspects of daily life getting up /going to bed times, food and whether or not to join activities or remain in their bedrooms. This attitude and ethos was confirmed by residents in their discussions with the inspector

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, care review, accidents and incidents (including falls), were available for inspection and evidenced that actions identified for improvement were incorporated into practice. For example the home is linked to a general and ongoing audit in relation to accidents by the Trust. The registered manager is a designated "handler" and as such undertakes any follow up investigations and subsequent learning is disseminated to staff. Further evidence of audits was contained within the monthly monitoring visits reports most recently undertaken on 26 May 2016 and 21 June 2016.

For example an audit of complaints highlighted a difficulty with the heating system in the home. This was reported in the annual quality review report and effective repairs had been carried out.

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

Residents and one representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents and representatives.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident meetings most recently on 5 April 2016 were available for inspection.

### Areas for improvement

No areas of improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is care compassionate?

The senior care assistant confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that they were happy in the home. A selection of comments made to the inspector is below:

"The girls (staff) couldn't be better"  
 "I have settled in and I like it and the food is great"  
 "I have decided to stay and it's a great place"  
 "The people here are so kind to me"  
 "You wouldn't get better"

The registered manager, residents and one representative confirmed that consent was sought in relation to care and treatment. Residents, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected in their response to questions asked by the inspector.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. One resident told the inspector how important it was that he/she takes part in a religious pilgrimage. The home and staff encourage and facilitate this practice

The senior care assistant confirmed that residents were listened to, valued and communicated with in an appropriate manner. 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.

The senior care assistant confirmed that 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.



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. For example there has been a recent menu change and residents had been fully involved in the planning and implementation of the changes.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties.

Residents confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

### Areas for improvement

No areas of improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently should changes occur.

The home had a complaints policy and procedure in place dated March 2015. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide, leaflets etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision. The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. 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.

A regular audit of accidents and incidents was undertaken and this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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 were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed and where appropriate utilised within the home.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

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.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and was conspicuously displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager and the senior care assistant in charge on the day confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

Evidence showed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships 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

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Suzanne O'Connor, senior care assistant, and Dolores Moran, registered manager (by telephone) 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 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 may enhance service, quality and delivery.

### 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [Care.Team@rqia.org.uk](mailto:Care.Team@rqia.org.uk) 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><b>Recommendation 1</b></p> <p>Ref: Standard 27.1</p> <p><b>Stated: First time</b></p> <p><b>To be completed by:</b> 30 August 2016</p>	<p>The registered provider should ensure that the damage/deterioration of the wash basins in residents' bedrooms is made good.</p> <p><b>Response by registered provider detailing the actions taken:</b> All seals around residents wash basins in bedrooms have now been repaired, completed on 28<sup>th</sup> July 2016. .</p>
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*\*Please ensure this document is completed in full and returned to [Care.Team@rqia.org.uk](mailto:Care.Team@rqia.org.uk) from the authorised email address\**



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