



The Regulation and
Quality Improvement
Authority

Malone
RQIA ID: 1317
188 Upper Malone Road
Belfast
BT17 9JZ

Inspector: Patricia Galbraith
Inspection ID: IN022657

Tel: 02890611745
Email: malone@malonehealthcare.co.uk

Unannounced Care Inspection of Malone

26 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

1. Summary of Inspection

An unannounced care inspection took place on 26 June 2015 from 10.15 to 15.15. On the day of the inspection the home was found to be delivering safe, effective and compassionate care.

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 resulted/ did not result from the findings of this inspection.

1.3 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service details

Registered Organisation/Registered Person: Kevin Mc Kinney	Registered Manager: Rhonda Spence
Person in Charge of the Home at the Time of Inspection: Rhonda Spence registered manager	Date Manager Registered: 12 January 2015
Categories of Care: RC-PH, RC-DE, RC-I	Number of Registered Places: 28
Number of Residents Accommodated on Day of Inspection: 27	Weekly Tariff at Time of Inspection: £515 - £786

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 Quality Improvement Plan from the previous inspection, notifications of accidents and incidents.

We met with 17 residents and three members of care staff. No resident's representatives and no visiting professionals were present during the inspection.

We inspected four care records, complaints records, staff training records, Fire Safety Risk Assessment, accident and incident records.

5. The inspection

5.1 Review of requirements and recommendations from previous Inspection

The previous inspection of the home was an unannounced care inspection dated 26 March 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Requirements		Validation of Compliance
Requirement 1 Ref: 27 (4) (a) (Section 11.10 refers)	The annual fire safety assessment should be completed and a copy forwarded to the estates inspector for review.	Met
	Action taken as confirmed during the inspection: The annual Fire Safety Risk Assessment had been completed and a copy had been received in RQIA and confirmed this.	
Requirement 2 Ref: 27 (4) (d) (v) (e) (f) (Section 11.10 refers)	Confirm that the fire safety checks will be carried out consistently in accordance with NIHTM 84 <ul style="list-style-type: none"> • Confirm that the records of completed fire safety checks will be undertaken during the Regulation 29 registered provider monthly visits • Confirm that all staff participate in two fire safety training per year • Confirm that fire drills and practices are carried out at suitable intervals 	Met

	Failure to sustain improvement may result in the Authority initiating enforcement	
	Action taken as confirmed during the inspection: The registered manager confirmed to us all fire checks, drills, and fire training had been completed to meet regulation. Records inspected by us confirmed this.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 10.1	Review the restraint policy (2010) to ensure compliance with DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).	Met
	Action taken as confirmed during the inspection: We inspected the restraint policy and confirmed it had been up dated	
Recommendation 2 Ref: Standard 23.3 (10.1 and 10.2 refers)	<ul style="list-style-type: none"> • Confirm that the staff training matrix has been updated and that all staff are up to date with mandatory training • Review and improve the system of staff completing e-learning training and the process of informing the registered manager 	Met
	Action taken as confirmed during the inspection: The registered manager confirmed to us mandatory training had been completed by staff and records inspected confirmed this.	
Recommendation 3 Ref: Standard 10.1	All staff should complete training in responding to behaviours which challenge.	Met
	Action taken as confirmed during the inspection: The registered manger confirmed to us all staff had completed training in this area. Records inspected confirmed this.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 4 Ref: Standard 6.2 (10.1, 10.2 and 10.6 refers)	Confirm that all care plans have been reviewed and updated to reflect how current behaviours present and how staff should respond	Met
	Action taken as confirmed during the inspection: The registered manager confirmed to us all records have been up dated. Four care records inspected confirmed this.	
Recommendation 5 Ref: Standard 20.15 (10.6 refers)	<ul style="list-style-type: none"> • Ensure all accidents are referred to RQIA • Ensure all incidents of behaviours which challenge are referred to RQIA 	Met
	Action taken as confirmed during the inspection: The registered manager confirmed to us all accidents and incidents of behaviours which challenge are sent to RQIA. Records inspected confirmed this.	
Recommendation 6 Ref: 10.7	Review the statement of purpose to include restrictive practices which may be used in the home with consideration of the Human Rights Act (1998)	Met
	Action taken as confirmed during the inspection: We inspected the Statement of Purpose and confirmed it had been up dated.	

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

Is Care Safe? (Quality of life)

The registered manager confirmed to us residents can spend their final days in the home unless there are documented health care needs to prevent this.

We inspected four residents' care records and confirmed that care needs assessments; risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments and care plans were appropriately signed.

We noted that care plans contained details of the residents' wishes regarding any specific arrangements at the time of his or her death. Care records also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the general practitioner relating to medical interventions, this was noted within the care records.

Is care effective? (Quality of management)

The home had a policy and procedure relating to death and dying. The policy gave guidance in how to manage this area of need.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is care compassionate? (Quality of care)

Staff members we interviewed indicated that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a resident.

The registered manager described how a resident had been cared for in the home at the end of life; whilst the medical needs of the resident had been met by the General Practitioner and the district nursing team, the care needs of the resident were fully met by the staff. The family had been able to be with the resident at the end of life. The staff accommodated the family and made them comfortable within the home. The news of the resident's death had been given to fellow residents in a sensitive manner.

In our discussions with the registered manager she confirmed that arrangements can be made to provide spiritual care 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 are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences.

The registered manager confirmed to us that the deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

Areas for improvement

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

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of life)

The staff members we interviewed during inspection were able to demonstrate knowledge and understanding of continence care.

We inspected four residents' care records which confirmed that a person centred assessment and care plan was in place relating to continence. Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the premises and in discussion with staff we confirmed there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is care effective? (Quality of management)

The home has policies and procedures relating to the management of continence. The policy was comprehensive. In our discussions with staff they were able to identify continence issues and the importance of continued review and evaluation.

The registered manager confirmed to us the trust continence care team can be contacted for advice and direction; they also carry out regular reviews.

Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Residents related that staff members provide assistance with continence care in a sensitive and caring manner. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

Areas for improvement

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

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional areas examined

5.5.1 Residents' views

We met with three residents individually and fourteen in smaller group settings. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "Staff are very good here."
- "they are very kind to all of us"
- "staff are all really good."
- "It's really lovely here. The staff are all so good to me."

5.5.2 Staff views

We met with four staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

Some comments included:

- "I like working here there is good team work"
- "Staff are all great to work with"

Ten staff questionnaires were distributed on the day of inspection. None were returned in time for inclusion in report.

5.5.3 Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

5.5.4 Accidents / incidents

An inspection of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

5.5.5 Complaints / compliments

Complaints had been recorded had been managed appropriately. Records were retained of investigations, outcomes and of lessons learned.

5.5.6 Fire safety

On the day of inspection the home's Fire Safety Risk Assessment was in date 13 April 2016 complying with regulation. Fire alarms were tested weekly in different zone. We inspected the staff training records which confirmed that staff members had received fire training twice yearly in accordance with regulation.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Rhonda Spence	Date Completed	07.08.15
Registered Person	Mr K McKinney	Date Approved	07.08.15
RQIA Inspector Assessing Response	Alice McTavish	Date Approved	13 August 2015

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to 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.