

# Unannounced Care Inspection Report 22 February 2017



## Redford

**Type of service: Residential Care Home**  
**Address: 15 Redford Road, Cullybackey, BT43 5PR**  
**Tel No: 028 25 880671**  
**Inspector: John McAuley**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Redford took place on 22 February 2017 from 10:30 to 13:00 hours.

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.

The inspection also sought to examine a variation of increase of five extra places to the registered numbers in the home.

### Is care safe?

There were examples of good practice found throughout this inspection in relation to staff training, adult safeguarding and the quality of the new five bedded extension.

One area of improvement was identified in relation to risk assessment of wardrobes.

### Is care effective?

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

One area of improvement was identified in relation to a review of one identified resident's needs.

### Is care compassionate?

There were examples of good practice found throughout this inspection in relation to feedback from residents, staff and general observations of care practices.

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

### Is the service well led?

There were examples of good practice found throughout this inspection in relation to management of complaints and accidents and incidents.

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

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	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Perdita Kerr, deputy 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 premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 15 December 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> William James Wallace	<b>Registered manager:</b> Trevor Gillen
<b>Person in charge of the home at the time of inspection:</b> Perdita Kerr deputy manager	<b>Date manager registered:</b> 21 November 2013
<b>Categories of care:</b> RC-DE, RC-I, RC-PH(E)	<b>Number of registered places:</b> 18

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection reports and accident and incident notifications.

During the inspection the inspector met with twelve residents, four members of staff of various grades, the deputy manager and the registered person.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff training schedule/records
- Two residents' care files
- Complaints and compliments records
- Infection control register/associated records
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Policies and procedures manual

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 23 August 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 26 May 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 16.1 <b>Stated:</b> First time <b>To be completed by:</b> 31 August 2106	The registered person should revise and update the adult safeguarding policy and procedure in line with current guidance. In review of this, it needs to include the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and the establishing of a safeguarding champion in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This policy and procedure has been revised accordingly.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time <b>To be completed by:</b> 14 June 2016	The registered person should put in place a risk assessment and care plan for any resident that has an assessed need of a bedrail. This risk assessment needs to be in correspondence with current safety guidelines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This risk assessment and care plan has been acted on.	

<b>Recommendation 3</b> <b>Ref:</b> Standard 29.1 <b>Stated:</b> First time <b>To be completed by:</b> 30 June 2016	The registered person should submit in writing an action plan with timescales detailing how the four recommendations made in the fire safety risk assessment dated 21 January 2016 will be dealt with.	<b>Met</b>
	This should be submitted to the home's aligned estates inspector.	
	<b>Action taken as confirmed during the inspection:</b> These actions have been submitted to the aligned estates inspector.	

### 4.3 Is care safe?

The deputy 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. It was also confirmed that the staffing levels would be reviewed accordingly when the registered places in the home increase. No concerns were raised regarding staffing levels during discussion with residents and staff.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with the deputy manager and 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 and supervision of staff was regularly provided. A schedule for mandatory training and staff supervision was maintained and was inspected during the inspection.

The deputy 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.

Inspection of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the deputy manager confirmed no new staff have been recruited since the previous inspection and therefore personnel files were not inspected on this occasion.

Enhanced AccessNI 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.

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. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

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

The deputy manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Inspection of care records confirmed there was a system of referral to the multi-professional team 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.

Inspection of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed 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. Observation of staff practice identified that staff adhered to IPC procedures.

The deputy manager reported that any outbreaks of infection within the last year had been managed in accordance with the home's policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

The home was clean and tidy with a reasonable standard of décor and furnishings being maintained. The proposed new five bedded extension was facilitated to a high standard.

Inspection of the internal environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. The only obvious hazard to the health and safety of residents were the free standing wardrobes in the new five bedroom extension. These posed as a risk if a resident were to pull on this in the event of a fall. A recommendation was made for these wardrobes to be reviewed in accordance with current safety guidelines with subsequent appropriate action.

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

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. 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 on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

### Areas for improvement

One area of improvement was identified in relation to risk assessment of wardrobes.

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

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

An inspection of two residents' 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 daily/regular statement of health and well-being of the resident.

Care needs assessment and risk assessments 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.

One resident's care records identified a significant number of incidents relating to behaviour associated with confusion. Some of these incidents had had an impact on other residents. A recommendation was made for these behaviours to be reviewed with this resident's aligned named worker, particularly on the impact of behaviours to other residents' well-being.

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

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

The deputy 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.

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.

## Areas for improvement

One area of improvement was identified in relation to a review of one identified resident's needs.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 4.5 Is care compassionate?

The inspector met twelve 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 staff and the provision of meals. Some of the comments made included statements such as;

- “Everything here is marvellous. I have no worries”
- “The staff are just lovely and so kind”
- “The meals are lovely; I enjoy them and always get what I want.”

A range of policies and procedures were in place which supported the delivery of compassionate care.

Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by an inspection of care records identifying that issues of assessed need such as pain had a recorded statement of care / treatment given and effect(s) of same.

The deputy manager confirmed that consent was sought in relation to care and treatment.

Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect

The deputy 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 residents and observations of care practices confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

An appetising dinner time meal was provided for with organised unhurried assistance 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. These included residents' meetings, care review meetings and day to day contact with management.

Discussion with residents and staff confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents were enjoying the company of one another, watching television, reading or resting in their bedrooms. Arrangements were in place for residents to maintain links with their friends, families and wider community.



## Areas for improvement

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

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

The deputy manager confirmed 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 Residents' Guide, residents' meetings and information displayed. Discussions with the deputy manager confirmed that she was knowledgeable about how to receive and deal with complaints.

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.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection 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 was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The deputy 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.

Inspection of staff training records confirmed that 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 to read.

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.

Discussion with the registered person at the time of this inspection identified that he had understanding of his role and responsibilities under the legislation.

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

Inspection of records and discussion with the deputy manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The deputy 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 deputy 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 deputy 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 in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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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 Perdita Kerr, deputy 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](mailto: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**

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 26</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 March 2017</p>	<p>The registered provider should review all wardrobes in accordance with current safety guidelines with subsequent appropriate action.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>All wardrobes secured to the wall</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 10.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 March 2017</p>	<p>The registered provider should review with the identified resident's aligned named worker on issues of assessed need with behaviours that have an impact of behaviours to other residents' well-being.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>Review requested for identified resident with named worker.</p>

*\*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\**

**RQIA**  
 19 APR 2017  
**Regulation**