

Unannounced Care Inspection Report

31 May 2016



Redford

Address: 15 Redford Road, Cullybackey, BT43 5PR

Tel No: 02825880671

Inspector: John McAuley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Redford took place on 31 May 2016 from 10:15 to 14:15 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were three areas of improvement identified within this domain. These were in relation to the revising and updating of the policy and procedure on safeguarding in line with current guidance, putting in place a risk assessment and care plan for bedrails and submitting an action plan in response to the recommendations made from the most recent fire safety risk assessment.

Is care effective?

There were no areas for improvement identified with this domain.

Is care compassionate?

There were no areas for improvement identified with this domain.

Is the service well led?

There were no areas for improvement identified with this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The 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 | 3 |

Details of the QIP within this report were discussed with Trevor Gillen the 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

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

2.0 Service details

| | |
|--|---|
| Registered organisation/registered person: William James Wallace | Registered manager: Trevor Gillen |
| Person in charge of the home at the time of inspection: Perdita Kerr deputy manager then from 11:00 Trevor Gillen | Date manager registered: 21 November 2013 |
| Categories of care: RC-DE, RC-I, RC-PH(E) | Number of registered places: 18 |
| Weekly tariffs at time of inspection: £494 | Number of residents accommodated at the time of inspection: 16 plus two residents out |

3.0 Methods/ processes

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

During the inspection the inspector met with 16 residents, two visiting relatives' four staff members of various grades, the registered manager and registered provider.

The following records were inspected during the inspection:

- Statement of purpose
- Duty rotas
- Safeguarding policy and procedure
- Accident and incident notifications
- Two staff members' recruitment files
- Induction records
- Staff training records
- Complaints and compliments records
- A sample of two residents' care records
- Quality assurance audits
- Fire safety records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 7 January 2016

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 7 January 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The deputy manager confirmed the staffing levels for the home. It was also confirmed that these were subject to regular review to ensure the assessed needs of the residents were met. Discreet observations of care practices during this inspection, found these to be undertaken in an organised, unhurried manner. No concerns were raised regarding staffing levels during discussion with residents and staff.

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

- Registered manager from 11:00
- 1 x deputy manager
- 1 x senior care assistant.
- 3 x care assistants
- 1 x laundress
- 1 x cook
- 1 x domestic

Review of a completed induction record and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff. These were 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.

The deputy manager 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.

The deputy manager confirmed that each staff member recruited is in accordance with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Two staff members' recruitment files were inspected on this occasion and found this to be the case.

Details of Enhanced Access NI disclosures were in place.

The adult safeguarding policy and procedure in place was dated March 2016. This policy and procedure was detailed and informative but did not include the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and the establishment of a safeguarding champion in the home. A recommendation has been made in this regard.

A review 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, 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 of these were retained.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, the communal lounge, dining room and bathrooms. The home was clean and tidy with a reasonable standard of décor and furnishings being maintained.

Inspection of premises confirmed that there were wash hand basins, soap dispensers, and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection prevention and control procedures.

Two residents' had bedrails in situ. Neither had a comprehensive risk assessment and care plan pertaining to this assessed need. A recommendation was made for a bed rail risk assessment in accordance with current safety guidance to be put in place with a care plan pertaining to this need.

There were observed to be no other obvious restrictive care practices in place at the time of this inspection.

Inspection of two residents' care records confirmed that there was a system of referral to the multi-disciplinary team when required. Issues of assessed need had a recorded statement of care / treatment given with effect of same. This included referral to the appropriate healthcare professional.

Inspection of the internal environment identified that the home was kept tidy and safe for residents, staff and visitors.

The home's most recent fire risk assessment dated 21 January 2016 was inspected. There were four recommendations made from this. A recommendation was made that an action plan with timescales to be submitted to the home's aligned estates inspector detailing how these recommendations will be dealt with. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed 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 checks were maintained on an up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas for improvement

There were three areas of improvement identified within this domain. These were in relation to the revising and updating of the policy and procedure on safeguarding in line with current guidance, putting in place a risk assessment and care plan for bedrails and submitting an action plan in response to the recommendations made from the most recent fire safety risk assessment.

| | | | |
|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 3 |
|--------------------------------|----------|-----------------------------------|----------|

4.4 Is care effective?

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

A review of two residents' care records was undertaken. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident.

Discussion with staff confirmed that a person centred approach underpinned practice.

Discussions with care staff and management confirmed knowledge and understanding of residents' assessed needs.

The care records reflected multi-professional input into the residents' health and social care needs.

Observations confirmed that 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 aligned healthcare professionals. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers.

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

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 the care review meetings were available for inspection.

Areas for improvement

There were no areas of improvement identified with this domain.

| | | | |
|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

4.5 Is care compassionate?

Discussions with the registered manager and staff 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.

Discussions with residents in accordance with their capabilities were all positive in respect of their life in the home, their relationship with staff and the provision of activities and the provision of meals. Some of the comments made included statements such as:

- “It’s very peaceful here. I am doing well”
- “I couldn’t complain about a thing, I am looked after very well ”
- “I get plenty of attention here. I am lucky to be here”
- “I love it here. No complaints”

Observations and review of care records confirmed that residents’ spiritual and cultural needs were met within the home.

Discussion with residents and observations confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

Observations of staff / residents interactions found that residents were treated with dignity and respect. Care interactions such as provision of choice and explanation of tasks were observed. Staff confirmed their awareness of promoting residents’ independence and of maintaining dignity.

Observations and discussion with residents and staff 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.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with residents confirmed that their 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 their representatives were sought and taken into account in all matters affecting them.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out on a regular basis.

Areas for improvement

There were no areas for improvement identified in this domain.

| | | | |
|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

4.6 Is the service well led?

Discussions with staff and management 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.

Review of the complaints register 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. Evidence was found that expressions of dissatisfaction were taken seriously and managed appropriately.

Arrangements were in place to share information about complaints and compliments with staff.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires.

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.

There was a clear organisational structure. All staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's statement of purpose. Discussion with the registered manager identified that he had understanding of her 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. The registered provider was in the home at the time of this inspection and met with the inspector for feedback at the conclusion.

Inspection of the premises confirmed that the home's certificate of registration was displayed in a conspicuous location.

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.

Areas for improvement

There were no areas for improvement identified with this domain.

| | | | |
|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Trevor Gillen the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s 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 person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

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 establishment. 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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan

| Recommendations | |
|---|--|
| <p>Recommendation 1</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2106</p> | <p>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 establish of a safeguarding champion in the home.</p> <p>Response by registered person detailing the actions taken: New regional guidance now included in policy. Safeguarding champion will be the manager</p> |
| <p>Recommendation 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 14 June 2016</p> | <p>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.</p> <p>Response by registered person detailing the actions taken: Risk assessment and care plan in place for all residents assessed as needing a bed rail.</p> |
| <p>Recommendation 3</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p> | <p>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. This should be submitted to the home's aligned estates inspector.</p> <p>Response by registered person detailing the actions taken: All four recommendations identified in Fire safety assessment have been actioned.</p> |



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews