

Unannounced Care Inspection Report 12 May 2016



Colebrooke House

Address: 111 The Roddens, Larne
Tel No: 0282827 2696
Inspector: Ruth Greer

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Colebrook House took place on 12 May 2016 from 9.45 to 14.45.

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 has been made in relation to the frequency of staff supervision and appraisal. There were examples of good practice found throughout the inspection in relation to adult safeguarding, infection control and the home's environment.

Is care effective?

No requirements or recommendations were made in regard to effective care. There were examples of good practice found throughout the inspection in relation to the communication between staff, residents and other stakeholders.

Is care compassionate?

No requirements or recommendations were made in regard to compassionate care. There were examples of good practice found throughout the inspection which were validated by the comments made by residents in the questionnaires in relation to compassionate care.

Is the service well led?

One recommendation was made in regard to well led care. This was in relation to the annual quality review report. There were examples throughout the inspection of good practice in relation to the governance arrangements, management of complaints and good working relationships.

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 QIP within this report were discussed with Caroline Lockwood, 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 previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: Mrs A M Rowan	Registered manager: Mrs Caroline Lockwood
Person in charge of the home at the time of inspection: Caroline Lockwood	Date manager registered: 08 August 2015
Categories of care: I - Old age not falling within any other category DE (Dementia) for 6 identified individuals with mild/moderate dementia	Number of registered places: 12
Weekly tariffs at time of inspection: £494	Number of residents accommodated at the time of inspection: 12

3.0 Methods/processes

Prior to inspection we analysed the following records:

- The previous inspection report
- Notifications of accidents/incidents received at RQIA since the previous inspection

During the inspection the inspector met with 12 residents, two care staff and one catering staff. There were no visiting professionals and no resident's visitors/representatives present on the day.

The following records were examined during the inspection:

- Staff duty roster
- Induction programme
- Sample of competency/capability assessments
- Residents' care files (3)
- Staff training matrix
- Complaints
- Accidents/incidents
- Fire safety records
- Minutes of residents' meetings
- Supervision/appraisal records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 13 August 2015

The most recent inspection of Colebrook was an unannounced care inspection. There were no requirements/recommendations made as a result.

4.2 Review of requirements and recommendations from the last care inspection dated 13 August 2016

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

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, residents' representatives and staff.

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

Manager x 1
Care staff x 2
Catering x 1
Domestic x 1

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The induction included a day's training in the mandatory areas and three days in the home supernumerary to staff on duty and shadowed by a more experienced staff member.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was provided in the past. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. The record showed that supervision and appraisals had not occurred for some time and were not meeting the minimum standards of six monthly supervision and annual appraisals. A recommendation has been made in the quality improvement plan.

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 a sample of staff competency and capability assessments were reviewed.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice.

Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

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 policies and procedures in place dated December 2015 were consistent with current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The home had established the manager as safeguarding champion.

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 November 2015.

Discussion with the registered 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 were retained.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges and bathrooms. The residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. There had been much internal re-decoration since the previous inspection. The result looks very well and residents commented how much they like the new décor.

Review of the infection prevention and control (IPC) policy dated December 2015 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 most recently in November 2015. Discussion with staff members 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. Notices promoting good hand hygiene were displayed throughout the home. There were information notices and leaflets available on IPC in a range of formats for residents, their representatives and staff.

The registered manager confirmed that 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 needs could not be met. 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 were reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed that areas of restrictive practice were employed within the home, notably pressure alarm mats. 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.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that the use of alarm mats was on the basis of advice from the residents' named workers from the Trust. The care plans for the use of alarm mats were regularly reviewed and updated as necessary.

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 these were appropriately maintained and reviewed regularly.

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, 18 March 2016, identified that any recommendations arising were addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed most recently on 30 January 2016 and 4 March 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

A recommendation has been made that the manager should ensure that staff supervision and appraisal is undertaken regularly in line with the minimum standards

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

Discussion with the registered manager established that the service 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 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.

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

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 risk assessments, care plans, care review, accidents and incidents and complaint were regularly undertaken. The registered manager undertakes an environmental audit daily. And there was evidence that actions identified for improvement were incorporated into practice.

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 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. Colebrook is a small, long established family run home. There was evidence that staff know each resident and his /her circumstances individually. 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 residents' meetings were available for inspection. The minutes of the meetings on 17 February 2016 and 12 March 2016 showed that residents had been fully involved with the recent re-decoration of the home.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The registered manager 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, were met within the home.

The registered manager and residents 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.

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.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff. Residents willingly engaged with the inspector. A selection of their views is below-

- “I look well because of the good food I get in here”
- “I ring the bell during the night and the staff are there in two ticks”
- “This is a lovely place”
- “I’m happy here they couldn’t be kinder”

Residents and their representatives 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. All comments in the returned questionnaires rated the home as “excellent” in the area of compassionate care.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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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. There was evidence that this is a work being undertaken currently by the registered manager.

Due to the small numbers of residents in Colebrook there was evidence that each is consulted daily (informally) about the care provided in the home. However there had been no formal consultation with residents and their representatives for some time. This should be carried out at least annually and collated into a summary report in line with regulation 17 of The Residential Care Homes Regulations (NI) 2005. A recommendation has been made in the quality improvement plan.

The home had a complaints policy and procedure in place. 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.

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.

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.

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 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 visits the home on a daily basis and is fully involved with 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 employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

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. 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

One recommendation has been made in relation to the home's quality report which should be undertaken annually in line with regulation 17 and standard 20.12.

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

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Caroline Lockwood, 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 24</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered person should ensure that the provision of supervision and appraisal for staff complies with the minimum standards</p> <p>Response by registered person detailing the actions taken: <i>Supervision is being provided at least six monthly for all staff. Appraisal will be provided annually for all staff.</i></p>
<p>Recommendation 2</p> <p>Ref: Regulation 17 and Standard 20.12</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016 and annually thereafter</p>	<p>The registered person must audit the provision of care in the home and prepare an annual report in line with the requirements of the regulations and minimum standards.</p> <p>Response by registered person detailing the actions taken: <i>We have made provision for annual reporting; we aim to evaluate the service we are providing, identify areas for improvement and follow up as necessary in order to provide the best service possible. This report will be circulated to all relevant persons.</i></p>

Registered manager completing QIP	<i>Caroline Lockwood</i>	Date completed	3/7/16
Registered person approving QIP	<i>[Signature]</i>	Date approved	3/7/2016
RQIA inspector assessing response	<i>Ruth Greer</i>	Date approved	18/7/16



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