

Unannounced Care Inspection Report 2 February 2017



Edenmore

Type of service: Residential care home
Address: 41 Castlerock Road, Coleraine, BT51 3HR
Tel no: 02870353330
Inspector: Ruth Greer

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Edenmore Residential Home took place on 2 February 2017 from 10 45 to 14 40.

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

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

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

Is care effective?

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

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

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

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

Is the service well led?

There were examples of good practice found throughout the inspection in relation to, management of incidents, quality improvement and maintaining good working relationships.

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
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 were discussed with Mrs F Dhand, registered manager and Mrs E O'Reilly, registered provider as part of the inspection process and 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 care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 21 June 2016.

2.0 Service details

Registered organisation/registered person: Mrs E O'Reilly and Mrs Florence Dhand	Registered manager: Florence Dhand
Person in charge of the home at the time of inspection: Mrs Dhand and Mrs O'Reilly were both on duty	Date manager registered: 21 February 2012
Categories of care: I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH (E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: 15

3.0 Methods/processes

Prior to inspection we analysed the following records: the report and quality improvement plan from the last inspection and notifications of incidents/accidents since that date.

During the inspection the inspector met with ten residents, two care staff, one catering staff, one administrator, the registered manager and provider and two resident's visitors/representatives.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments

- Staff training schedule/records
- Staff recruitment file(s)
- Three residents' care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints
- Audits of risk assessments, care plans, accidents and incidents (including falls, outbreaks), complaints.
- Accident and notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Fire safety risk assessment
- Fire drill records
- Policies and procedures manual

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21/06/16

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector at this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 21 June 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20 (1)(c) Stated: First time To be completed by: 30 July 2016	The registered provider must ensure staff receive training in line with mandatory requirements.	Met
	Action taken as confirmed during the inspection: Inspector confirmed mandatory training records were available and up to date at the time of inspection.	
Requirement 2 Ref: Regulation 17 Stated: First time	The registered provider must undertake an annual quality review report in line with regulation 17 of The Residential Care Homes Regulations (Northern Ireland) 2005)	Met

To be completed by: 30 July 2016	Action taken as confirmed during the inspection: The annual quality review report was completed and forwarded to RQIA within the time scale.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.5 Stated: First time To be completed by: 30 July 2016	The registered provider should review the policy on Safeguarding Vulnerable Adults in line with regional guidance. Action taken as confirmed during the inspection: The Safeguarding policy was available and up to date at the time of inspection.	Met

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.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records for a staff member who had been recruited since the last inspection evidenced that an induction programme was in place relevant to her specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

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. Competency and capability assessments are carried out for all new staff commensurate with their job description as part of induction. Records of competency and capability assessments were retained. A sample of completed staff competency and capability assessments was reviewed and found to satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of the personnel file relating to a recently recruited staff member 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. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

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 the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established and has undertaken additional training for the role.

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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. The home have produced an information leaflet in regard to the safeguarding principles. An individual copy is provided for each staff member. This is good practice.

Discussion with the registered 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 registered manager confirmed 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 assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered 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.

The registered manager confirmed there were risk management policy and procedures in place. 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.

Review 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.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and 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. There had been some internal redecoration and the outside of the home had been re painted since the last inspection. The result looks well.

The home had an up to date fire risk assessment in place dated 14 July 2016. No recommendations had been made as a result. In addition, The Northern Ireland Fire and Rescue Service undertook an inspection of the premises on 13 September 2016. There were no recommendations as a result.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed most recently on 2 December 2016 .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 weekly /and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place. This was held in the file emergency file and would provide information, at a glance, for professionals regarding what assistance would be needed in the event of a fire in the premises.

Comments received from residents, visitors and staff included:

- “I’m glad to be home, I didn’t like the hospital” (resident)
- “We want residents to enjoy being here and feel that they are cared about” (staff)
- “I know that (resident) is cared for here” (relative)

Areas for improvement

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

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

Discussion with the registered manager established that staff in the home 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 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. Care records reviewed were observed to be signed by the resident. Discussion with staff confirmed that a person centred approach underpinned practice. For example one resident chooses to remain in her room and staff facilitate this preference by serving meals and by spending time one to one with the resident in her chosen location.

The registered 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. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

Minutes of resident and their representative meetings were reviewed during the inspection. The most recent residents’ meeting took place on 18 August 2016 and a representatives meeting was held on 2 December 2016.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Comments received from residents, visitors and staff included:

“(Resident) has just returned from hospital. I’m glad she’s back here were the staff know her” (relative)

“We have no complaints about this home” (relative)

“I just push the bell and one of the girls (staff) is there in a minute” (resident)

Areas for improvement

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

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

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and their representatives confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within

the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

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.

The registered manager, residents and their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representatives and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read and a copy forwarded to the RQIA.

Comments received from residents and relatives included:

“I just can’t get over how kind the staff are” (relative)

“We are kept informed with her (resident) progress” (relative)

“I can’t see myself as living anywhere else I’ve been here for so long”(resident)

Areas for improvement

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

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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. 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 as changes occurred.

There was 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 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 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 surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff.

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 providers identified that they had understanding of their role and responsibilities under the legislation. The registered manager is joint registered provider with Mrs Ella O Reilly. Mrs O’Reilly maintains a daily presence in the home and is fully informed of and involved in the day to day running of the home.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer’s liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered 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 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 in relation to this domain.

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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