

Unannounced Care Inspection Report 21 June 2016



Edenmore Residential Home

41 Castlerock Road, Coleraine, BT51 3HR

Tel No: 028 70353330

Inspector: Ruth Greer

1.0 Summary

An unannounced inspection of Edenmore Residential Home took place on 21 June 2016 from 9.50 to 13.45.

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 requirement was made in regard to safe care. This was in relation to the frequency of infection prevention and control training for staff.

Is care effective?

No requirements or recommendations were made in regard to effective care. There were examples of good practice found in relation to care records, reviews and communication with residents, their representatives and other stakeholders.

Is care compassionate?

No requirements or recommendations were made in regard to compassionate care. There were examples of compassionate care on the day from residents, two relatives and a visiting professional who shared positive views of their individual experiences of the care provision in the home.

Is the service well led?

One requirement has been made in regard to well led care. This was in relation to the annual quality review report which had not been completed for the year 2015.

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	2	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Florence Dhand 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 type e.g. 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 provider: Edenmore	Registered manager: Florence Dhand
Person in charge of the home at the time of inspection: Florence Dhand	Date manager registered: 01/04/2005
Categories of care: RC-DE, RC-I, RC-MP(E), RC-PH(E)	Number of registered places: 15
Weekly tariffs at time of inspection: £494 plus £15 top up charge	Number of residents accommodated at the time of inspection: 13

3.0 Methods/processes

Prior to inspection we analysed the following records:

The previous inspection report and notifications of accidents/incidents. Any correspondence/duty log information with RQIA since the previous inspection.

During the inspection the inspector met with ten residents, two care staff, one catering staff, one visiting professional and two residents' visitors.

The following records were examined during the inspection:

- Staff duty roster
- Accidents/incidents
- Four Care files
- Complaints
- Fire Safety
- Staff training
- Staff meeting minutes
- Residents meeting minutes
- A selection of policies and procedures
- Staff personnel file.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 24 September 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 24 September 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 21 (5) (b) Reference 5.4.2 Stated: First time To be Completed by: 30 .10 .15 and on going	Any person undertaking cooking duties should have, at least the minimum qualification in basic food hygiene Action taken as confirmed during the inspection: Inspector confirmed that all staff who are involved with cooking have undertaken a course in Basic Food Hygiene.	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 27.1 Stated: First time To be Completed by: 17 .10.15	The registered provider should confirm that the malodour noted in one bedroom has been sourced and eradicated. Action taken as confirmed during the inspection: Inspection of the bedroom confirmed that action had been taken to eradicate the malodour.	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.

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

- Registered manager x1
- Assistant manager x1
- Care assistants x 2
- Domestic x 1
- Catering x1

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.

Discussion with staff and a review of training records confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for 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; records of competency and capability assessments were retained. A review of a sample of one staff competency and capability assessment was reviewed. This was found to be comprehensive and explicit in the knowledge base and accountability of any person given the responsibility of managing the home in the manager's absence.

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 the staff personnel file of 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.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The NISCC alerts the home when payment is due for staff to re-register. The registered manager follows this up with the individual staff member. Records are maintained and available for inspection.

The adult safeguarding policies and procedures in place included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information of trust designated officers and documentation to be completed. Individual guidance leaflets had been devised and distributed to staff members for reference. However the policy, dated August 2015, had not been reviewed in line with recent regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015. A recommendation has been made that the registered manager review the procedures to reflect the new regional guidance.

Discussion with staff confirmed that they 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.

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.

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, for example nutrition, falls and skin integrity, were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge, dated August 2015 confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed that no areas of restrictive practice were employed within the home. The home operates a door key pad system. Residents who are able have access to the code. On the day of the inspection no obvious restrictive practices were observed to be in use.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required. The care plan of one resident contained a risk assessment for the use of bed rails which had been undertaken by a district nurse. The outcome was that bedrails were not to be used in this instance and bedrails were not in place on the day of the inspection.

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 were appropriately maintained and reviewed regularly.

The registered manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. However the most recent training had been provided in April 2014. Training in this area should be provided at induction and every two years thereafter. A requirement has been made in the quality improvement plan. Discussion with staff 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 in both written and in pictorial formats.

The registered manager reported that there had been no recent outbreaks of infection. Any outbreak would be managed in accordance with trust procedures and would be reported to the local Consultant in Communicable Disease Control and to RQIA. Records would be retained.

A general inspection of the home was undertaken to examine the bedrooms, bathrooms, the communal lounges and the dining room. The residents' bedrooms were personalised with photographs, pictures 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. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible. The registered manager confirmed that the home was due to be redecorated within the next few months.

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, 29 April 2016, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually and most recently on 22 April 2016. 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

Two areas for improvement were identified during the inspection. These were in relation to mandatory training for staff in the area of infection prevention and control and the update of the policy on safeguarding vulnerable adults.

Number of requirements	1	Number of recommendations:	1
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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 four 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. For example two residents were unwell and remained in bed on the day of the inspection. Staff were knowledgeable of the residents' preferences for the manner in which care was provided, as well as their assessed care needs.

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 falls are undertaken monthly and identify where residents are at greater risk. Medicine management audits and complaint audits take place monthly. The audits were available for inspection and evidenced that actions identified for improvement were incorporated into practice. On the day of the inspection the registered manager and assistant manager were in the process of auditing the care records when the inspector arrived at the home.

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, most recently held in February 2016, 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 and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders.

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.

Areas for improvement

No areas of 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, residents and two representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

The registered manager, residents and representatives confirmed that consent was sought in relation to care and treatment. Residents and/or their representatives, 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 in their response to questions from the inspector.

Discussion with staff, residents, and representatives, 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.

Relatives of two residents were visiting the home and shared their views with the inspector:

- “My (resident) is due to go home shortly and although she will be glad to get home she will really miss the staff here. They have been so kind to her”
- “I visit my (resident) regularly and I’m always offered tea when I come just like if it was her own house. I have never seen anything but good care in this place”

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. 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.

The registered manager confirmed that 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. A selection of residents’ comments made to the inspector is below :

- “I was a nurse all my life so I know good care which is what you’ll find here”
- “I like the food it’s just like my mother made and my mother was a great cook”
- “No one could say there was a thing wrong with this place because there isn’t”

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. There were 13 residents on the day of inspection and this means that staff and residents have formed good relationships and have a high level of contact each day. More formal residents meetings also take place to discuss issues which may have a communal effect on the care. The most recent was held on 18 February 2016 with minutes recorded and available for inspection.

Residents and/or 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.

Areas for improvement

No areas of 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.

The home had a complaints policy and procedure in place. In addition, the registered manager had devised a leaflet for staff on how to receive and handle any complaints. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide, Poster / leaflet etc. 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 record of complaints showed that any areas of concern raised by residents were taken seriously and dealt with by management of the home. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

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.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/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.

Residents are consulted about the standard and quality of care and about the home environment. Due to the small numbers of residents in Edenmore there was evidence that each is consulted daily (informally) about the care in the home. However, over the last year, there had been no formal consultation with residents/representatives in line with legislative requirements. This consultation should be carried out at least annually. The findings from the consultation should be collated into a summary report which is then made available for residents and other interested parties to read. A requirement has been made in the quality improvement plan.

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. Discussion with the registered provider identified that she had understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider works in the home on a daily basis and is fully involved with all aspects of the daily 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.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's RQIA certificate of registration and employers' liability insurance certificate were displayed.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. This was evidenced on the day of the inspection by the visit of a hospice nurse who is providing support and guidance for staff in the care for one resident.

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.

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

One area for improvement has been identified for improvement. This was in relation to the annual quality review report.

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

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Florence Dhand, registered 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 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 may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Care.Team@rqia.org.uk 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	
Statutory requirements	
Requirement 1 Ref: Regulation 20 (1)(c) Stated: First time To be completed by: 30 July 2016	<p>The registered provider must ensure staff receive training in line with mandatory requirements.</p> <p>Response by registered provider detailing the actions taken: The training referred to will be completed by the required date.</p>
Requirement 2 Ref: Regulation 17 Stated: First time To be completed by: 30 July 2016	<p>The registered provider must undertake an annual quality review report in line with regulation 17 of The Residential Care Homes Regulations (Northern Ireland) 2005)</p> <p>Response by registered provider detailing the actions taken: The annual quality review has been completed and a copy is appended to this QIP.</p>
Recommendations	
Recommendation 1 Ref: Standard 21.5 Stated: First time To be completed by: 30 July 2016	<p>The registered provider should review the policy on Safeguarding Vulnerable Adults in line with regional guidance.</p> <p>Response by registered provider detailing the actions taken: A review of our policy on safeguarding has been reviewed in line with recent regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015) and is available for inspection. The home's information leaflet (Adult Safeguarding) has also been updated and is being issued to all staff members.</p>



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