

Unannounced Care Inspection Report 09 January 2018



Anniscliff House

Type of Service: Residential Care Home
Address: 141 Moneysharvin Road, Maghera, BT46 5HZ
Tel No: 028 7964 2729
Inspector: John McAuley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 17 beds that provides care for residents under the categories of care as detailed in its certificate of registration.

3.0 Service details

| | |
|--|---|
| Organisation/Registered Provider: Anniscliff House Responsible Individual(s): Jacqueline Davis and Bernadette McGilligan | Registered Manager: Bernadette McGilligan |
| Person in charge at the time of inspection: Bernadette McGilligan | Date manager registered: 1 April 2005 |
| Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia for six identified residents MP - Mental disorder excluding learning disability or dementia for not more than one resident MP (E) - Mental disorder excluding learning disability or dementia – over 65 years for not more than one resident LD (E) – Learning disability – over 65 years for not more than one resident. | Number of registered places: 17 |

4.0 Inspection summary

An unannounced care inspection took place on 9 January 2018 from 10:30 to 14:00 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, induction, maintenance of care records and infection prevention and control. Evidence of good practice was also found in relation to communication between residents, staff and other key stakeholders, governance arrangements and maintenance of good working relationships.

One area requiring improvement was identified in relation to notifying a resident's aligned named worker of an issue of concern/complaint raised.

Feedback otherwise from residents was all positive in respect of their life in the home, their relationship with staff, the provision of meals and the provision of activities.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

Details of the Quality Improvement Plan (QIP) were discussed with Bernadette McGilligan, 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 06 June 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and returned QIP, accident and incident notifications and written and verbal communication received since the previous inspection.

During the inspection the inspector met with 16 residents, four staff, and the registered manager.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. No questionnaires were returned within the requested timescale. Information was also distributed for staff to complete a questionnaire via the web portal.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision schedule
- Staff training schedule/records
- A staff member's recruitment file
- Three residents' care files
- The home's Statement of Purpose and Residents' Guide
- Complaints and compliments records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Evaluation report from annual service user quality assurance survey
- Fire safety risk assessment
- Fire drill records

- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 06 June 2017

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

6.2 Review of areas for improvement from the last care inspection dated 06 June 2017

| Areas for improvement from the last care inspection | | |
|--|--|--------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 14(2)(c) Stated: First time | The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance. | Met |
| | Action taken as confirmed during the inspection: This assessment and subsequent care plan were in place. | |

| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | | Validation of compliance |
|---|--|---------------------------------|
| Area for improvement 1 Ref: Standard 16.2 Stated: First time | The registered person shall ensure all staff including newly appointed staff are in receipt of up-to-date training in safeguarding. | Met |
| | Action taken as confirmed during the inspection: An inspection of staff training records together with a newly appointed staff member's file confirmed training in adult safeguarding is up-to-date. | |
| Area for improvement 2 Ref: Standard 8.2 Stated: First time | The registered person shall review the terminology used in a number of entries in residents' progress records so these give clear and adequate account of the resident(s) condition. | Met |
| | Action taken as confirmed during the inspection: An inspection of residents' progress records confirmed that a clear and adequate account of the resident(s) condition was recorded. | |

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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

Inspection of three 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 confirmed that mandatory training and supervision of staff was regularly provided. A schedule for mandatory training and staff supervision was maintained and was inspected.

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.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. Discussion with the registered manager and inspection of a staff personnel file 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. The personnel record inspected 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. Discussions with care staff confirmed their knowledge of their obligations of this registration.

The home's adult safeguarding policy and procedure 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.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, inspection 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.

Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

Restrictive practices were employed within the home, notably key pad entry systems, bedrails and pressure alarm mats. These restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. An inspection of the Statement of Purpose and Residents' Guide identified that restrictions were adequately described.

Discussion with the registered manager relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly. These included risk assessments with associated care plans for residents who smoke.

The home's infection prevention and control (IPC) policy and procedure 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.

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

The home was clean and tidy with décor and furnishings being maintained accordingly. Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items.

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 home had an up to date fire risk assessment in place dated 18 April 2017. No recommendations were identified from this inspection. At the time of this inspection an officer from the Northern Ireland Fire and Rescue Service (NIFRS) was undertaking a routine inspection of fire safety in the home.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to staff recruitment, induction, and infection prevention and control.

Areas for improvement

There were no areas for improvement identified in respect of this domain during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

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

An inspection of three residents' care records was undertaken. These were found to be 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, such as manual handling, bedrails and falls were reviewed and updated on a regular basis or as changes occurred.

An inspection of residents' progress records confirmed that issues of assessed need had a recorded statement of care/treatment given with effect(s) of same.

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 and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. For example staff were able to detail individual residents' preferences and dislikes such as the cook who knew which cup a resident preferred their tea with or staff knowledge of which residents preference with morning newspapers.

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

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

The 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, care review meetings, residents' meetings, staff meetings and staff shift handovers.

Staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

An inspection 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.

Areas of good practice

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

Areas for improvement

There were no areas for improvement identified in respect of this domain during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussions with staff confirmed that there was 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 residents and staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. One resident did make a comment of concern that she felt discriminated in terms of religion but did not detail reasons other than having complained about a cat being in the lounge. The matter was dealt with by the registered manager who reported that this concern had been documented in a recent care review. The minutes of this review had not yet been received. The registered manager was asked to refer this issue to this resident's aligned named worker as detailed in the QIP.

Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records. For example, there were care plans in place for management of pain that included trigger factors and prescribed treatment.

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 and residents confirmed that consent was sought in relation to care and treatment.

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

The inspector met all the residents (16) in the home at the time of this inspection. All confirmed that they were happy with the care in the home, their relationship with staff, the provision of meals and the provision of activities.

Some of the comments made included statements such as;

- “I am very happy here. There is great craic with one another”
- “All’s good here. The staff are very nice”
- “No complaints. It couldn’t be better”
- “The meals are lovely. Plenty to eat and you can get what you like”

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

Observation of practice confirmed that residents’ 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 or their representatives, were sought and taken into account in all matters affecting them. These included residents’ meetings, care reviews and day to day contact with management.

Residents are consulted with, at least annually, about the quality of care and environment. The quality assurance report for 2017 was inspected. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified, such as activity provision.

Discussion with residents, staff, and observation of care practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents were relaxing, watching television or enjoying the company of one another. Photographs were on display of recent activities and events which residents had partaken in. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Areas of good practice

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

Areas for improvement

One area requiring improvement was identified in relation to notifying a resident’s aligned named worker of an issue of concern / complaint raised.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 1 |

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager confirmed that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff.

The home's complaints policy and procedure was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and displayed information.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The home's accident/incident/notifiable events policy and procedure included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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. An inspection of staff training records confirmed the training needs of staff were maintained. In addition a wide variety of training was provided by e learning.

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 manager identified that she had understanding of her role and responsibilities under the legislation.

Inspection of the premises confirmed that the RQIA certificate of registration and employers' 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. Staff informed the inspector that they would have no hesitation in reporting any concerns and felt that these would be appropriately

dealt with. Staff also informed the inspector that they felt a good standard of care was provided for and that they had the necessary resources in place, such as staffing levels, training and managerial support, to provide such.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions.

The registered manager confirmed there were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to governance arrangements and maintenance of good working relationships.

Areas for improvement

There were no areas for improvement identified in respect of this domain during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Bernadette McGilligan, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

| | |
|--|---|
| <p>Area for improvement 1</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p> <p>To be completed by: 16 January 2018</p> | <p>The registered person shall notify the identified resident's aligned named worker the issue of concern / complaint raised.</p> <p>Ref: 6.6</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The identified resident's issue of concern/complaint was raised at their care review on the 14/12/17. As yet we have not received a copy of the review held on that date, but the named worker was contacted on the 18/1/18 and again on the 1/2/18 to remind her of the identified residents issue of concern/complaint. The identified residents next of kin has also been updated on the concern/complaint on the 11/1/18.</p> |



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
🐦 @RQIANews