

Unannounced Care Inspection Report 10 January 2017



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

1.0 Summary

An unannounced inspection of Anniscliff House took place on 10 January 2017 from 10:15 to 14:00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care 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 this inspection in relation to staffing levels, programmes of induction and adult safeguarding. Two areas for improvement were identified. These were in relation to assessed categories of care and prevention of infection.

Is care effective?

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

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

Is care compassionate?

There were examples of good practice found throughout this inspection in relation to feedback from residents and visiting residents and general observations of care practices and staff interactions with 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 this inspection in relation to management of complaints and accidents, and working relationships in the home.

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	1	1

Details of the Quality Improvement Plan (QIP) within this report 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.

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 26 June 2016,

2.0 Service details

Registered organisation/registered person: Bernadette McGilligan and Jacqueline Davies	Registered manager: Bernadette McGilligan
Person in charge of the home at the time of inspection: Bernadette McGilligan	Date manager registered: 1 April 2005
Categories of care: I – Old age not falling within any other category MP – Mental disorder excluding learning disability or dementia MP – Mental disorder excluding learning disability or dementia – over 65 years DE – Dementia LD (E) – Learning disability – over 65 years Not more than one person in category MP. Category DE for six identified persons. Category LD (E) for one identified person only.	Number of registered places: 17

3.0 Methods/processes

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

During the inspection the inspector met with 13 residents, three visiting relatives, three members of staff and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff training schedule/records
- Two staff members' recruitment files
- Three residents' care files
- The home's Statement of Purpose

- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings / representatives' / other
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities
- Policies and procedures manual

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 02 June 2016

The most recent inspection of the home was an unannounced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 26 June 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (2) (g) Stated: First time To be completed by: 21 August 2016	The registered person must repair the torn arm rests of an identified chair. Action taken as confirmed during the inspection: These arm rests had been made good.	Met
Requirement 2 Ref: Regulation 13 (1) (b) Stated: First time To be completed by: 22 July 2016	The registered person must inform the residents' aligned care managers of the risk in relation to shared bedroom accommodation. Action taken as confirmed during the inspection: This identified risk had been reported to the aligned care managers.	

<p>Requirement 3</p> <p>Ref: Regulation 15 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 21 August 2016</p>	<p>The registered person must ensure that an up to date assessment of residents' care needs is maintained in the care records.</p> <hr/> <p>Action taken as confirmed during the inspection: An inspection of a sample of three residents' care records found assessments of care needs were up to date.</p>	Met
<p>Requirement 4</p> <p>Ref: Regulation 16(1)</p> <p>Stated: First time</p> <p>To be completed by: 21 September 2016</p>	<p>The registered person must ensure that a care plan(s) is developed based on the up to date assessment of needs.</p> <hr/> <p>Action taken as confirmed during the inspection: An inspection of a sample of three residents' care records found that care plans were in place based on assessed needs.</p>	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.

The staffing levels at the time of this inspection consisted of;

- 1 x registered manager
- 1 x senior care assistant
- 2 x care assistants
- 1 x cook
- 1 x domestic

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

Inspection of two 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 of staff was regularly provided. A schedule for mandatory training 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; records of competency and capability assessments were retained.

Discussion with the registered manager and an inspection of two recently recruited 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 policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established.

Discussion with staff confirmed that they were aware of the new 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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. However an issue was identified before this inspection and had been resolved. Added to this there was one resident in the home whose needs were questionable in terms of category of care. The inspector had raised this with the aligned named worker before this inspection and the named worker was satisfied with the assessed category of care for this resident. A requirement was made for the pre admission assessment to provide more detail of the potential resident's assessed category of care and greater consultation to be made in with the named worker in relation to this. Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission but did not record in detail reference to the home meeting the assessed category of care in consultation with the referring professional.

The registered manager confirmed the only restrictive practice employed within the home was a key pad entry system. An inspection of the Statement of Purpose identified that this restriction was adequately described.

Inspection 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. However it was recommended to review how biscuits are served with tea etc. as the current practice of a communal box was deemed to be at risk to being a source of spread to infection. This review at the same time needs to maintain the aspect of residents' choice.

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’s policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The home was found to be clean and tidy with a reasonable standard of décor and furnishings being maintained. Many of the residents’ bedrooms were found to be personalised with photographs, memorabilia and personal items. The temperature in the home was comfortable throughout.

There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that she was aware of risks associated with radiators and hot surfaces and had action plans in place to reduce risk.

The home had an up to date fire risk assessment in place dated 28 June 2016. There were no recommendations made from this assessment.

Review of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. The last fire safety drill was in 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 on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

Two areas for improvement were identified. These were in relation to assessed categories of care and prevention of infection.

Number of requirements	1	Number of recommendations	1
-------------------------------	---	----------------------------------	---

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.

An inspection of a sample of three residents’ care records was undertaken. This 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 and /or their representative.

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, 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 visiting relatives 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 for improvement

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

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

The inspector met with 13 residents at the time of this inspection, in accordance with their capabilities all confirmed that they were happy with their life in the home, their relationship with staff and the provision of meals. Some of the comments made included statements such as:

- “I am very happy here”
- “Things couldn’t be any better”
- “This is a good home. No complaints”

The inspector also met with three visiting relatives at the time of this inspection. All spoke in positive terms about the support and kindness received from staff and that they felt confident and reassured by the standard of care provided for. Some of the comments made included statements such as:

- “Things are absolutely marvellous, couldn’t ask for more. It’s lovely and homely”
- “The staff work very hard and we get on well with all of them”.

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 choice for 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.

Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was evidenced in an inspection of one

resident’s care records whose need for such was appropriately documented and consulted with their aligned health care professional.

Discussion with residents, visiting relatives 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. This included discretion of how information was shared and knocking of bedroom doors.

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.

Discussion with residents and staff and observations of care practices confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff. At the time of this inspection a resident became unwell and an emergency ambulance was summoned. This was managed, with sensitivity to other residents, in a calm manner.

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 review meetings and day to day contact with the home’s management.

Discussion with staff and residents and observations of care practices confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection a group of residents had attended Mass, whilst other enjoyed the company of one another or were resting. Television and music played for residents were appropriate to their age, tastes and preferences and indeed two residents commented favourably on this. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example staff were found to welcome visiting relatives to the home in a kind, courteous manner.

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
-------------------------------	---	----------------------------------	---

4.6 Is the service well led?

As recorded in 4.3 of this report greater scrutiny and governance needs to be put in place to ensure 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.

There was a complaints policy and procedure in place which 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 information displayed on how to complain.

An 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. A complaint recorded on 8 December 2016 was found to be appropriately managed.

There was an accident/incident/notifiable events policy and procedure in place which 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 is undertaken and the registered manager reported that 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.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. These included training in continence care and diabetes care.

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 employer's liability insurance certificate were displayed.

Review of records and discussion with the registered manager and staff 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 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.

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
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues 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 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 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.

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/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment 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 15 (1) (e) Stated: First time To be completed by: 11 January 2017	<p>The registered provider must put in place greater scrutiny and governance to ensure the needs of residents are met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.</p> <p>Response by registered provider detailing the actions taken: The registered manager has now added added the categorie of care to assessment questionnaires when visiting potential residents for admission to the home.</p>
Recommendations	
Recommendation 1 Ref: Standard 28.3 Stated: First time To be completed by: 11 January 2017	<p>The registered provider should review how biscuits are served with tea etc. as the current practice of a communal box is deemed to be at risk of being a source to spread of infection.</p> <p>Response by registered provider detailing the actions taken: The registered manager has notified all staff of the risk of infection associated with the present method of administering biscuits to residents and has requested that tongs are used in future, discussed at recent staff meeting also.</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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