



Unannounced Care Inspection Report 10 September 2019



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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 17 residents within the categories of care detailed in its certificate of registration and in section 3.0 of this report.

3.0 Service details

<p>Organisation/Registered Provider: Anniscliff</p> <p>Responsible Individual(s): Bernadette McGilligan Jacqueline Davies</p>	<p>Registered Manager and date registered: Bernadette McGilligan – 1 April 2005</p>
<p>Person in charge at the time of inspection: Bernadette McGilligan</p>	<p>Number of registered places: 17</p> <p>Not more than 1 person in Cat. MP. Category of care DE for 6 identified individuals only and category of care LD (E) for 1 identified individual only. RC-A for one named resident</p>
<p>Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD (E) – Learning disability – over 65 years A – Past or present alcohol dependence.</p>	<p>Total number of residents in the residential care home on the day of this inspection: 16</p>

4.0 Inspection summary

This unannounced inspection took place on 10 September 2019 from 09.45 to 13.45 hours.

The inspection 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 staffing, training and support and governance. Good practice was also found in relation to the relaxed atmosphere in the home and the attentiveness of staff in meeting residents' needs.

Three areas requiring improvement were identified during this inspection. These were in relation to reviewing the fire safety risk assessment, ensuring that all staff are in receipt of up-to-date training in fire safety and fire safety drills and notification of incidents relating to distressed behaviours.

Residents described living in the home as being a good experience/in positive terms. Some of the comments made included statements such as; "I love it here very much" and "Things are very good. No complaints".

Comments received from residents and staff during the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	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 inspection dated 18 January 2019

No further actions were required to be taken following the most recent inspection on 18 January 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspections, registration information, and any other written or verbal information received, for example notification reports.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rota
- staff training schedule and training records
- one staff member's recruitment and induction records

- two residents' records of care
- complaint records
- compliment records
- accident / incident records
- fire safety risk assessment
- fire safety records
- RQIA registration certificate

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 last care inspection dated 8 January 2019

There were no areas for improvements made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

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

Throughout this inspection residents advised and indicated that they felt safe in the home and that staff were responsive to their needs and were kind and supportive. Staff also advised that there was adequate staffing in place to take account of resident dependencies and the size and layout of the home. Staff were observed to be attentive to residents' needs and care.

Staffing

Inspection of the duty rota confirmed that it accurately reflected the staff on duty at the time of this inspection.

The registered manager advised that staffing levels were in keeping with resident dependencies and the size and layout of the home. The staffing levels over the 24 hour period were discussed. Discussions with residents and staff confirmed that they felt there was adequate staffing in place to meet residents' needs.

A competency and capability assessment is completed for any member of staff with the responsibility of being in charge in the absence of the registered manager. A sample of one of these assessments was inspected and found to be appropriately in place.

Staff recruitment

An inspection of a sample of a recently recruited staff member's file confirmed that staff were recruited in accordance with regulations and standards. Records were maintained in an organised methodical manner.

Staff induction, supervision and appraisal

Discussions with staff and an inspection of a sample of an induction record confirmed that they had received a comprehensive programme of induction on appointment. An inspection of the programme of supervisions and appraisals found these were being maintained in a regular and up-to-date basis for all staff. Staff spoke positively about this provision.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. This was being audited on a monthly basis.

Staff training

Inspection of staff training records found that mandatory requirements and other training needs were being met. A good range of training had been provided to staff since the previous inspection. Training is provided by either eLearning or face to face. The format of recording training was good. A matrix of staff training is in place which identifies when staff have last received their mandatory training and when up-date training is required.

Safeguarding

Discussions with staff confirmed that they had knowledge and understanding of safeguarding principals. Staff were aware of their obligations to report any concerns and advised that they found management to be approachable. They also advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with such appropriately. Staff were knowledgeable of the Health and Social Care Trust's role in safeguarding and these contacts details were displayed.

Environment

The home was clean and tidy with décor and furnishings being maintained.

Residents' bedrooms were comfortable and personalised.

Communal areas were nicely facilitated. One of the lounges/dining room was in predominant use with another lounge available for visitors or quieter time.

There was good provision of infection prevention and control aids and equipment throughout the environment. Added to this there was accessible information available to residents, their representatives, visitors and staff on the need for good infection prevention and control practices.

The grounds of the home were very well maintained.

Fire safety

An inspection of the home's most recent fire safety risk assessment, dated 3 July 2018, was undertaken. There were no recommendations made as a result of this assessment. An area of improvement was made in accordance with standards for this assessment to be reviewed as suggested in the assessment for 2 July 2019.

An area of improvement in accordance with regulation was made in that fire safety training and fire safety drills was not up-to-date for all staff. An assurance was given by the registered manager that this would be duly acted on. Fire safety checks on the environment were carried out by staff on a regular and up-to-date basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training and support.

Areas for improvement

There were two areas for improvement identified during the inspection in relation to review of the fire safety risk assessment and fire safety training and safety drills.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

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

Discussions with the registered manager confirmed that she had good knowledge and understanding of residents' needs and prescribed care interventions. Staff also advised that there was good communication and teamwork between staff members for the benefit of residents.

Care records

An inspection of a sample of two residents' care records was undertaken. The care records were methodical and detailed in the information recorded. These records also were maintained in line with the regulations and standards. Records included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment and risk assessments, such as, safe moving and handling, nutrition, falls, were reviewed and updated on a regular basis or as changes occurred.

Progress records were well written and included statements of care/treatment given in response to issues of assessed need.

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.

Both records inspected had evidence of resident/representative consultation in the care planning and review process, by signatures of participation.

Effectiveness of care

Throughout this inspection there were examples of good delivery and effectiveness of care observed. Care practices such as safe moving and handling and infection prevention and control were found to be maintained in line with good practice.

Staff took time to interact with residents and consent was requested when seeking to undertake tasks with personal care or with assistance with mobility.

Residents were dressed well in matching clean attire. Glasses and walking aids were clean and appeared in good working order.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintenance of care records and general observations of care practices.

Areas for improvement

There were no areas of improvement identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

Staff interactions with residents were found to be friendly, polite and supportive. A nice ambience was in place with residents being comfortable and at ease in their environment and interactions with staff.

Residents' Views

Discussions were undertaken with all the residents in the home at the time of this inspection. In accordance with their capabilities, residents confirmed that they were happy with the provision of care, the kindness and support received from staff and the provision of meals. Some of the comments included statements such as;

- "I love it here very much"
- "Things are very good. No complaints"

- “All is very well here”
- “Things are alright”
- “Everything is great here. I am very happy”.

Dining experience

The dining room was suitably facilitated with tables nicely set with choice of condiments. The choice of lunchtime meal was appetising, wholesome and nutritional. Staff attended to residents’ needs in a caring unhurried manner. A nice ambience was in place for residents to enjoy their meal. Feedback from residents throughout this inspection on the provision of meals was all positive.

Care practices

Residents were observed to be comfortable, content and at ease in their environment and interactions with staff. Care duties and tasks were organised in an unhurried manner, and staff interactions were polite and friendly. After lunch care staff facilitated residents in activities with games and crafts.

Areas of good practice

There were examples of good practice in respect of this domain found throughout this inspection in relation to feedback from residents and general observations of care practices.

Areas for improvement

There were no areas of improvement identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 inspector was met on arrival to the home by a senior care assistant in charge. The registered manager joined the inspection shortly later and was available throughout this inspection to facilitate information and discussion.

Complaints

An inspection of the record of complaints together with discussions with the registered manager confirmed that expressions of complaint or dissatisfaction are taken seriously and managed appropriately. The records contained details of the complaints, action taken, resolution and confirmation on whether the complainant was satisfied with the outcome.

Accidents and Incidents

An inspection of accidents and incidents reports from 8 January 2019 confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. However there were a significant number of incidents recorded in an identified resident's records of distressed behaviours, which could have had an impact on other residents. These incidents had been notified to the aligned named worker which was good but not to RQIA. This has been identified as an area of improvement in accordance with regulation to act upon thereafter.

Staff views

Staff advised that they would feel comfortable about raising any concerns and they felt that any such would be dealt with appropriately by management. Staff confirmed that there were good morale and working relationships within the home. Staff also advised that they felt a good standard of care was provided for and discussions revealed that they were positive and enthusiastic about their roles and duties.

Areas of good practice

There were examples of good practice found throughout the inspection in relation maintenance of care records and general observations of care practices.

Areas for improvement

There was one area of improvement identified during the inspection in relation to notifications of incidents of distressed behaviours.

	Regulations	Standards
Total number of areas for improvement	1	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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27(4)(e) and (f)</p> <p>Stated: First time</p> <p>To be completed by: 10 October 2019</p>	<p>The registered person shall ensure all staff in the home are in receipt of up-to-date training in fire safety and fire safety drills.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff have received up to date fire safety training and fore safety drills on Tuesday 1st October 2019.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 30(1)(d)</p> <p>Stated: First time</p> <p>To be completed by: 11 September 2019</p>	<p>The registered person shall ensure that any incident of distressed behaviours that has impact on other residents is reported to RQIA.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All senior staff and management have been informed at staff meeting on the 8th October 2019 to inform RQIA in future of any incident of distressed behaviours that has an impact on other residents.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: 10 October 2019</p>	<p>The registered person shall seek to review the home's fire safety risk assessment.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Up to date fire risk Assessment has taken place in Anniscliff House on Tuesday 1st October 2019.</p>



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