

Unannounced Care Inspection Report 21 July 2016



Anniscliff House

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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 Residential Care Home took place on 21 July 2016 from 10:30 to 14:00 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were two areas of improvement identified within this domain.

One requirement was made to repair the torn arm rests of one identified chair.

Another requirement was made for the residents' aligned care managers to be notified of the risk in relation to shared bedroom accommodation.

Is care effective?

There were two areas of improvement identified within this domain.

One requirement was made to ensure that an up to date assessment of residents' care needs is maintained in the care records.

Another requirement was made for a care plan(s) to be developed based on the up to date assessment of needs.

Is care compassionate?

No areas of improvement were identified within this domain.

Areas of good practice were identified during this inspection following discussions with seven visiting relatives. All confirmed that they were happy with the home and the kindness and support afforded by staff. Six of these relatives were keen to express praise and gratitude in the highest terms whilst the other relative kept the comments brief.

Is the service well led?

No areas of improvement were identified within this domain.

Areas of good practice were identified during this inspection following discussions with the registered manager. It was noted that she was knowledgeable about her role, legislation and the standards.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	0

Details of the QIP within this report were discussed with Bernadette McGilligan the 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 estates 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 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, the returned quality improvement plan (QIP) and the accident/incident notifications.

During the inspection the inspector met with 15 residents, seven visiting relatives, four members of staff of various grades and the registered manager.

Five resident views, five representative views and five staff views questionnaires were left in the home for completion and return to RQIA.

The following records were examined during the inspection:

- Three residents' care records
- Record of an induction programme
- Mandatory training records
- Policy on adult safeguarding
- Fire safety records
- Record of complaints
- Accident and incidents records
- Two staff members' recruitment records
- A competency and capability assessment

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 June 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 14 January 2016

There were no requirements of recommendations made as a result of the last care inspection.

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 or staff.

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

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

These staffing levels were found to be appropriate to meet the assessed needs of residents, taking account of the size and layout of the home and fire safety requirements.

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 was regularly provided. An inspection of the training matrix for mandatory training confirmed this.

A competency and capability assessment was in place for any member of staff with the responsibility of being in charge in the absence of the registered manager. An inspection of a record of this assessment found this to be methodical and detailed in terms of appointed role and responsibilities.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. An inspection of two staff members' file was undertaken. Evidence was in place to confirm that staff members were recruited in line with legislation.

The registered manager had arrangements in place to monitor the registration status of staff with their professional body. These were inspected and found to be appropriately maintained.

The adult safeguarding policy and procedure in place was dated April 2014. This included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The new regional adult safeguarding guidance was present (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. The registered manager was the established safeguarding champion. Staff had received their update training in safeguarding on 8 July 2016.

Staff were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

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.

A general inspection of the home was undertaken which found the home clean and tidy.

A chair in the communal lounge area was badly torn on both arm rests. This posed a risk in terms of prevention of infection. A requirement was made for this to be made good.

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.

Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap and disposable towels wherever care was delivered.

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 from the multi-disciplinary team, prior to admission of residents to the home.

An issue of identified risk was raised with two residents sharing a double bedroom. A requirement was made for the registered manager to report this to the residents' aligned care manager for advice and direction. The registered manager agreed to do this after the inspection and notify the inspector of this when it was done.

On the day of the inspection no obvious restrictive care practices were observed.

Inspection of the most recent fire safety risk assessment as dated 20 June 2016 was undertaken. No recommendations were made as a result of this assessment.

Review of staff training records confirmed that staff completed fire safety training on an up to date basis.

Fire safety records identified that there were weekly checks in place for fire alarm systems.

Areas for improvement

There were two areas of improvement identified within this domain.

One requirement was made to repair the torn arm rests of an identified chair.

Another requirement was made for the residents' aligned care managers to be notified of the risk in relation to shared bedroom accommodation.

Number of requirements:	2	Number of recommendations:	0
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4.4 Is care effective?

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

An inspection of three residents' care records confirmed that one of these was maintained in line with the legislation and standards. The other two care records did not have an up to date assessment of needs nor a corresponding care plan (s) pertaining to this. A requirement was made for an up to date assessment of needs to be completed. A second requirement was made for an up to date care plan to be developed based on these assessed needs.

The care records included a daily/regular statement of health and well-being of the resident.

Discussions with staff and the registered manager confirmed that they had knowledge and understanding of residents' needs.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate.

Care records reflected multi-professional input into the residents' health and social care needs. This was recorded on both the daily notes and a medical record sheet.

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

An inspection of care records and accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

Areas for improvement

There were two areas of improvement identified within this domain.

One requirement was made to ensure that an up to date assessment of residents' care needs is maintained in the care records.

Another requirement was made for a care plan(s) to be developed based on the up to date assessment of needs.

Number of requirements:	2	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.

Discussion with staff confirmed that residents' spiritual and cultural needs were met.

The inspector met with 15 residents at the time of this inspection. In accordance with their capabilities all spoke on a positive basis about their life in the home, their relationship with staff and the provision of meals. Some of the comments made included statements such as;

- "I love it here. I couldn't wish for better"
- "Things are just grand. No complaints"
- "The staff are just wonderful"
- "Everything is great here"
- "It's a lovely place."

The inspector also met with seven visiting relatives at the time of this inspection. All confirmed that they were happy with the care provided in the home and the kindness and support afforded by staff. Six of these relatives were keen to express praise and gratitude in the highest terms whilst the other relative kept the comments brief.

Observation of interactions found 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 through knocking of bedroom doors before entering, discretion of handing over information and storage of care records.

Discussion with staff and residents confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents were watching television, resting or enjoying the company of one another. Some residents had attended the daily mass which was held in a nearby Chapel.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

Discussion with staff and residents and 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 were sought and taken into account in all matters affecting them. These included care review meetings and an open relationship between residents and the management of the home.

Areas for improvement

No areas of improvement were identified within this domain.

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.

Residents and their representatives were made aware of the process of how to make a complaint by way of a poster which outlined the complaints procedure. Inspection of the complaints records established that there were 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. Arrangements were in place to share information about complaints and compliments with staff. Records of compliments were also retained.

A review of accidents/incidents and notifiable events confirmed that these were effectively documented. Discussions with the registered manager confirmed that learning from accidents and incidents was disseminated to staff through discussion at staff meetings.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were aware of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home was operated in accordance with the regulatory framework. Discussions with the registered manager found that she was knowledgeable about her role, legislation and standards.

Inspection of the premises confirmed that the home's certificate of registration was displayed.

The registered manager confirmed that staff could 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.

Areas for improvement

No areas of improvement were identified within this domain.

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

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

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s 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 person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan

Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 27 (2) (g)</p> <p>Stated: First time</p> <p>To be completed by: 21 August 2016</p>	<p>The registered person must repair the torn arm rests of an identified chair.</p> <hr/> <p>Response by registered person detailing the actions taken: The identified chair has now been replaced.</p>
<p>Requirement 2</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 22 July 2016</p>	<p>The registered person must inform the residents' aligned care managers of the risk in relation to shared bedroom accommodation.</p> <hr/> <p>Response by registered person detailing the actions taken: The registered manager has been in close contact with the identified residents social worker and their probation officer. We have received verbal confirmation that the identified resident is at no risk in sharing a room with another elderly male, we have been promised and are awaiting for this in written format, and will add this to their care-plan.</p>
<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>Response by registered person detailing the actions taken: The registered person has completed up to date assessments on residents care needs which are maintained in their care records.</p>
<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>Response by registered person detailing the actions taken: The registered manager has developed care plans that are based on up to date assessment of their needs.</p>

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



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