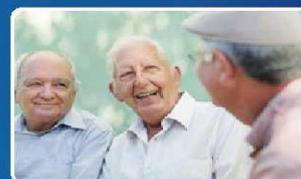




Unannounced Care Inspection Report 8 January 2019



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.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 17 persons in the categories of care cited in the home's certificate of registration and detailed in 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Anniscliff Responsible Individual(s): Bernadette McGilligan Jacqueline Davies	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 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 – Alcohol	Number of registered places: 17 RC-DE – six identified residents RC- MP – one identified resident RC-LD(E) – one identified resident RC – A – one identified resident

4.0 Inspection summary

An unannounced care inspection took place on 8 January 2019 from 10.00 to 13.50 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 induction, training, staff recruitment and management of complaints and incidents. Good practice was also found in relation to care records and maintenance good working relationships.

No areas of improvement were identified during this inspection.

Feedback from residents and one visiting relative was all positive and complimentary.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Bernadette McGilligan, registered manager, as part of the inspection process and can be found in the main body of the report.

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 15 June 2018.

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, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with 15 residents, one visiting relative, three staff and the registered manager.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. No questionnaires were returned within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessment
- Staff training schedule and training records
- Two staff members' recruitment files
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Complaints and compliments records
- Audits of risk assessments, accidents and incidents (including falls, outbreaks), NISCC registration
- Infection control records
- Equipment maintenance records
- Accident, incident, notifiable event records
- Legionella risk assessment
- LOLER records
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 15 June 2018

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 15 June 2018

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 12 (1) (a) Stated: First time	The registered person shall submit a variation of a category of care for an identified resident and liaison with the aligned named worker in relation to this to ensure that the assessed needs can be safely and effectively met.	Met
	Action taken as confirmed during the inspection: This variation has been submitted and the aligned named worker has been duly consulted.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall put in place an up to date legionella risk assessment. Confirmation also needs to be submitted to the aligned estates inspector of actions taken in response to any recommendations made from this assessment.	Met

	<p>Action taken as confirmed during the inspection: An up-to-date legionella risk assessment has been put in place and the aligned estates inspector has been consulted.</p>	
<p>Area for improvement 3 Ref: Regulation 27 (4) (a) Stated: First time</p>	<p>The registered person shall put in place an up to date fire safety risk assessment. Confirmation also needs to be submitted to the aligned estates inspector of actions taken in response to any recommendations made from this assessment.</p>	Met
	<p>Action taken as confirmed during the inspection: An up-to-date fire safety risk assessment has been put in place and the aligned estates inspector has been consulted.</p>	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<p>Area for improvement 1 Ref: Standard 6.6 Stated: First time</p>	<p>The registered person shall put in place an updated care plan pertaining to diabetes in consultation with the resident's representative and diabetic nurse.</p>	Met
	<p>Action taken as confirmed during the inspection: This care plan has been up-dated accordingly.</p>	

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 advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were not used in the home. Staffing in the home was reported as being very stable.

No concerns were raised regarding staffing levels during discussion with residents and staff.

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

A register of staff working in the home was available and contained all information as outlined within the legislation.

An inspection of a sample of two induction records and discussion with 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, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were inspected during the inspection.

Discussion with the registered manager 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. A sample of an assessment was inspected and found to be appropriately in place.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. A sample of two staff members' recruitment records were inspected and were found to comply with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC). This record was also inspected and found to be appropriately maintained.

The home's adult safeguarding policy was consistent with the current regional policy and procedures. This 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.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. Staff 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 if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. An inspection of care records identified that residents' care needs and risk assessments were obtained from the Trust prior to admission. The registered manager also liaises with the resident's aligned named workers before admission and carries out a pre-admission assessment so as to ensure the home can meet any assessed needs. Arrangements are also in place for prospective residents and/or their representatives to visit and assess the suitability of the home prior to admission.

The home's policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

Restrictive practices were employed within the home, notably the use of keypad entry systems, pressure alarm mats and bed rails. Restrictive practices were described in the Statement of Purpose and Residents' Guide. No other obvious restrictive practices were observed at the time of this inspection.

The home's Infection Prevention and Control (IPC) policy and procedure was in line with regional guidelines. Inspection of staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff also 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.

The "Falls Prevention Toolkit" guidance was being used to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for patterns and trends. Referrals were made to the Trust's falls team in line with best practice as required.

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' bedrooms were found to be comfortable and tastefully furnished.

The grounds of the home were maintained to a high standard.

It was established that three residents smoked. An inspection of one of these care records identified that risk assessment and corresponding care plan(s) is completed in relation to smoking.

A recorded system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary on a weekly basis.

The home had an up to date Legionella risk assessment in place dated 30 July 2018. The registered manager confirmed that all recommendations from this assessment had been addressed.

The registered manager and review of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date. The last safety check was on 21 September 2018.

The home's most recent fire risk assessment was dated 3 July 2018. The registered manager confirmed that all recommendations from this assessment had been addressed.

Inspection of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records inspected confirmed these were up to date. The records also included the 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 (PEEP) in place.

Staff spoken with during the inspection made the following comments:

- “I am on induction, which is great. I feel I am learning every day. It is a great wee team of staff”
- “I would have no concerns about my family member being cared for here.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation induction, training and staff recruitment.

Areas for improvement

No areas of improvement were 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 staff established that the home responded appropriately to and met the assessed needs of the residents. Staff also declared that they felt a good standard of care was provided for and that they had the necessary skills, training and resources to do so.

The home’s records management policy in place included the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

An inspection of three residents’ care records was undertaken. This sample 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 (e.g. nutrition, manual handling, where appropriate) 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. The care records inspected were observed to be signed by the resident’s representative.

Care records were maintained in an organised, methodical manner with good access to information.

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

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example staff were able to recognise individual resident's social preferences and acted on these create a homely environment.

A varied and nutritious diet is provided which meets the individual and recorded dietary needs of residents. Systems were in place to record residents' weights and any significant changes in weight are responded appropriately. There are arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required.

The lunch time meal was appetising and nicely presented. Residents commented positively with the provision of meal. There was found to be a relaxed atmosphere in place for residents to enjoy their meals and staff assisted in an unhurried organised manner.

The catering facility was tidy and well organised.

Staff advised that they were able to recognise and respond to pressure area damage. It was reported that there are no residents in the home with pressure area damage.

Arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The registered manager advised 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, staff meetings and staff shift handovers.

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

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 the inspection in relation to care records, communication between residents, their representatives, staff and other interested parties.

Areas for improvement

No areas of improvement were 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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

Discussions with staff indicated that the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager advised that consent was sought in relation to care and treatment. For example, staff described how they gave clarification and sought agreement with undertaking tasks such as assistance with personal care.

Staff were able to describe their awareness of promoting residents' rights; independence, dignity and confidentiality were protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of care records, for example, care plans were in place for the management of pain, falls, infection, nutrition, where appropriate. Further evidence of this was contained with progress records, in that issues of assessed need, such as pain had a recorded statement of care/treatment given with effect of same.

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. An example of this was a notice board in the reception of the home which contained added information for both residents and their representatives.

Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. Systems of communication included, care review meetings and day to day contact with management.

Discussion with staff and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The inspector met with 15 residents in the home at the time of this inspection. In accordance with their capabilities, all confirmed/indicated that they were happy with their life in the home, their relationship with staff, activities, meals and the overall general atmosphere in the home. Some of the comments made included statements such as;

- "I am very happy here"
- "This is a good place. The food is also very good"
- "I am grand here. Not a worry in the world."

The inspector also met with one visiting relative at the time of this inspection. This relative spoke with praise and gratitude for the care provided and the kindness and support received from staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents, one visiting relative and staff.

Areas for improvement

No areas of improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 advised that the needs of residents were met in accordance with the home's Statement of Purpose and the category of care for which the home is registered with RQIA.

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

The home's complaints policy and procedure is 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 Resident's Guide and information on display in the home. RQIA's complaint poster was available and displayed in the home.

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. Inspection of these records found these to be appropriately maintained. Inspection of these recorded confirmed that there have been no recent expressions of complaint received. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of these 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.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with staff confirmed that information in regard to current best practice guidelines was made available to staff. Staff also advised that they were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Inspection of training records found that both mandatory and additional areas of training were being met.

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.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. Feedback from staff also confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

One staff member spoken with during the inspection made the following comments:

- "All is very good. It is run very well."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas of improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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