

**Unannounced Care Inspection
of
Andena**

28 April 2015

1. Summary of Inspection

An unannounced care inspection took place on 28 April 2015 from 10.30 to 16.00. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

The details of the QIP within this report were discussed with the registered manager Mrs Christine Shields. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr James Mc Conville	Registered Manager: Mrs Christine Shields
Person in Charge of the Home at the Time of Inspection: Mrs Christine Shields	Date Manager Registered: April 2005
Categories of Care: RC-I, RC-DE, RC-MP (E)	Number of Registered Places: 36
Number of Residents Accommodated on Day of Inspection: 36	Weekly Tariff at Time of Inspection: £500- Single Room (Inc. £30 top up) £470- Double Room

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish.

Theme: Residents Receive Individual Continence Management and Support.

4. Methods/Process

Prior to inspection we analysed the following records: returned Quality Improvement Plan, and accident/ incident notifications.

We met with 18 residents individually and 15 others in groups, three care staff, three visiting professionals and one resident's visitor/representative.

We inspected five care records, accident/ incident reports, complaints and compliment records, policies and procedures and aligned guidance available to standards inspected.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced care inspection dated 23 September 2014. Two requirements and four recommendations were made as a result of the previous inspection. The completed QIP was returned and was approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 15 (2) (a) (b)</p>	<p>“The registered person shall ensure that the assessment of the resident’s needs is-</p> <p>Kept under review; and revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.”</p> <p>Reference to this is made to the identified resident with changing needs overdue an annual review, and also the increasing needs identified with a second identified resident.</p> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed all residents have had a recent care review. Processes are in place to ensure resident’s needs are assessed on a regular basis. Five care records reviewed showed that residents had up to date care reviews.</p>	<p>Met</p>
<p>Requirement 2</p> <p>Ref: Regulation 13 (1) (b)</p>	<p>“The registered person shall ensure that the residential care home is conducted so as to make proper provision for the care and where appropriate, treatment and supervision of residents.”</p> <p>Reference to this is made in regard to an analysis of accidents in the home which showed a number of notifiable accidents had occurred in the home which were not witnessed by care staff.</p> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed staffing levels had been increased ensuring additional supervision of residents. Staff have also completed additional training on falls prevention. Audits are currently being carried out within the home environment to identify areas of improvement in relation to falls and accident prevention.</p>	<p>Met</p>

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 29.1	It is recommended that the annual review of fire risk assessment should be carried out by a person or company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies.	Not Reviewed
	Action taken as confirmed during the inspection: This recommendation was not reviewed on this occasion but shall be carried forward for review at a future inspection.	
Recommendation 2 Ref: Standard 10.7	The use of the keypad system at the front entrance should be reviewed and assessed for all residents in the home on an individual basis with consideration given to resident's individual needs and preferences. The homes statement of purpose should be reviewed and make reference to the use of the key pad system at the main entrance to the home.	Partially Met
	Action taken as confirmed during the inspection: The registered manager confirmed that the risk assessments had not yet been completed for individual residents. This part of the recommendation has been restated in the QIP. The homes statement of purpose has been amended to include the use of the keypad at the main entrance to the home.	
Recommendation 3 Ref: Standard 8.2	Records maintained by the home should be factual and detail personal care and support provided.	Met
	Action taken as confirmed during the inspection: A sample of records reviewed were found to be factual and detailed care and support provided.	

Recommendation 4 Ref: Standard 25.8	Staff meetings take place on a regular basis and at least quarterly. Records are kept that include: <ul style="list-style-type: none"> • The date of all meetings • The names of those attending • Minutes of discussions • Any actions agreed 	Met
	Action taken as confirmed during the inspection: A review of the minutes of staff meetings in the home showed that these were being held quarterly and included all relevant information.	

5.3 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

Is Care Safe? (Quality of Life)

Residents can spend their final days of life in the home. This is unless there is a documented health care need that prevents this.

In our discussions with staff they confirmed that they work closely with other health care professionals. This includes GP's and the district nursing service to ensure that the care that is delivered is safe and effective. Staff also confirmed that they liaise closely with residents' families and keep family members informed of any change in the residents' condition.

In our discussions with staff and with the registered manager they confirmed to us that care in this area is delivered with compassion, and with respect for the privacy and dignity of residents.

The registered manager advised us that the home meets residents' spiritual needs. Clergy and lay persons visit on a regular basis. Care records are maintained to ensure the residents care and condition is closely monitored.

Is Care Effective? (Quality of Management)

We reviewed five care records. Three of these included residents wishes in the event of their death, including spiritual arrangements if so wished, residents views and next of kin details. Two records did not contain relevant information in this regard. The registered manager confirmed the home was not aware if the residents or their families had arrangements made in the event of their death. A recommendation is made that this issue should be clarified for all residents through consultations and or care reviews.

The home has a policy and procedure in place for dealing with the death of a resident these included relevant information. A recommendation is made that the policy is reviewed and updated at least three yearly to reflect current best practice.

Is Care Compassionate? (Quality of Care)

In our discussions with the registered manager and staff she confirmed that the needs of the dying resident are met with a strong focus on dignity and respect for the resident. Information is communicated sensitively to family members who are given time and space to spend with their loved one.

The registered manager confirmed that following the death of a resident other residents are informed in a sensitive manner. Residents and staff have the opportunity to pay their respects and are provided with support if needed. Resident's belongings are handled with care and respect. This is done whereby representatives are consulted about the removal of deceased resident's belongings.

In our discussions with staff they confirmed that they had knowledge and understanding of how to care for this area of need. Staff also confirmed there was a supportive ethos with the management of the home, in helping staff to deal with dying and death.

Staff confirmed that relatives of past residents will often return to the home to thank them for their support following the loss of a loved one.

We reviewed a sample of compliment letters and cards. These were received from families of deceased residents. In these correspondences there were messages of praise and gratitude for the compassion and kindness received during this period of care. This included welcoming relatives to the home with provision of refreshments and kind, caring staff interactions.

Areas for Improvement

We identified two areas of improvement in relation to this standard. Overall this standard was assessed to be safe, effective and compassionate.

Number of Requirements	0	Number of Recommendations:	2
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5.4 Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

The staff members we interviewed confirmed that they had received training in continence management. In our discussions with staff they also demonstrated knowledge and understanding of this area of care.

We reviewed residents' care records which reflected that an individualised assessment and plan of care was in place regarding continence management. Issues of assessed needs are referred to district nursing services. Following this, the district nurse in consultation with the resident and the home prescribes a plan of care. This plan of care includes provision of incontinence aids.

From our observations we found there to be adequate supplies of aprons, gloves and hand washing dispensers.

In our discussions with staff, our general observations together with our review of care records we identified no mismanagement of this area of care, such as malodours or breakdown of skin integrity.

Is Care Effective? (Quality of Management)

The home has a policy regarding the management of continence; staff had completed training in continence awareness. A number of residents in the home are on a specific toileting programmes to maintain and promote continence. Resident's individual needs are reviewed regularly. Identified issues of assessed needs are reported to the district nursing services for advice and direction.

We made a recommendation that the policy relating to the management of continence should be updated to make reference to current best practice and ensure it is reviewed on a systematic three yearly basis.

Is Care Compassionate? (Quality of Care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Continence care was undertaken in a discreet private manner.

Areas for Improvement

We identified one area of improvement in relation to this standard. Overall this standard was assessed to be safe, effective and compassionate.

This recommendation is based on Standard 21.1 regarding policy development which has already been raised; therefore one recommendation was made overall regarding the development of policies in the home.

Number of Requirements	0	Number of Recommendations	1(Repeated Area)
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5.5 Additional Areas Examined

5.6 Residents Views

We spoke with 18 residents individually and 15 others in groups. In accordance with their capabilities, all expressed or indicated that they were happy with their life in the home, their relationship with staff, and the provision of meals.

Some of the comments from residents included:

"It is very good here; you know the staff care about you"

"The food is very good we have all we need"

"This is a nice home, I am very happy"

"I like it here, everyone is very kind"

"Staff are very good, I have all I need"

"We are all well looked after here, I have no complaints"

5.7 Relatives/ representatives views

We met with one visiting relative who shared their experience of visiting the home. Comments received included:

“We are happy with the care here. We know he/ she is well looked after there is always a staff member nearby. We arrive at the home at any time and it is always the same”

5.8 Visiting Professional Views

We spoke with three visiting professionals in the home on the day of the inspection who shared their experiences of visiting the home. Comments from the visiting professionals included:

“I would recommend this home if I was looking for a placement for a relative. It is always clean there are never any odours”

“Everyone is very welcoming, the staff are always happy”

“This is a very good home; residents are treated with respect and dignity. Residents are supported spiritually. They are given the opportunity to pray privately (with religious) and they enjoy that”.

5.9 General Environment

We found that the home was clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were in good order.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Shields 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 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 or RQIA's office (non- paperlite) 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 home. 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 home.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 14.5 Stated: First time To be Completed by: 04 August 2015	<p>The registered manager should ensure that all residents care records contain the recorded wishes of residents including any specific arrangements for the resident at the time of their death.</p> <p>Response by Registered Manager Detailing the Actions Taken: We are in the process of recording in care plans if residents or their relatives have any special arrangements at the time of their death.</p>
Recommendation 2 Ref: Standard 21.1 Stated: First time To be Completed by: 04 August 2015	<p><u>Policy Development</u> The registered manager should ensure that the homes policies relating to dying and death and the management of continence should be reviewed and updated at least three yearly to reflect current best practice.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: Both of these policies have now been updated.</p>
Recommendation 3 Ref: Standard 10.7 Stated: Second time To be Completed by: 21 July 2015	<p>The use of the keypad system at the front entrance should be reviewed and assessed for all residents in the home on an individual basis with consideration given to resident's individual needs and preferences.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: We are assessing each resident to determine their capability of having the number of the keypad.</p>
Recommendation 4 Ref: Standard 29.1 Stated: Carried Forward To be Completed by: 21 July 2015	<p>It is recommended that the annual review of fire risk assessment should be carried out by a person or company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: This will be completed by the allocated time.</p>

Registered Manager Completing QIP	C.Shields	Date Completed	15/06/17
Registered Person Approving QIP	J.Mc Conville	Date Approved	17/06/15
RQIA Inspector Assessing Response	Bronagh Duggan	Date Approved	19/6/15

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