

Unannounced Care Inspection Report 17 February 2021



Andena

Type of Service: Residential Care Home
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Tel no: 028 2564 4767
Inspector: Marie-Claire Quinn

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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 residential care home registered to provide residential care for up to 36 residents.

3.0 Service details

Organisation/Registered Provider: Mr James Joseph Mc Conville Responsible Individual: Mr James Joseph Mc Conville	Registered Manager and date registered: Christina Ann Shields 1 April 2005
Person in charge at the time of inspection: Assumpta McKeown, manager	Number of registered places: 36
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	Total number of residents in the residential care home on the day of this inspection: 35

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

An announced remote inspection was scheduled in this home on 16 September 2020 however this was postponed due to an outbreak of illness in the home.

An unannounced onsite inspection was conducted on 17 February 2021 from 11.20 hours to 16.10 hours.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- consultation
- care delivery
- staffing
- recording of care
- the home's environment
- management and governance arrangements.

Residents told us they were happy living in the home.

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	0	*5

The areas for improvement include one standard which was stated for a second time and one standard which was not reviewed as part of this inspection and will be carried forward to the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Assumpta McKeown, manager, and James Joseph Mc Conville, responsible individual, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- feedback received from residents, residents' representatives and staff in preparation for the remote inspection in September 2020.

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.

A number of questionnaires and 'Tell Us' cards were left in the home, for residents and/or their relatives to provide additional feedback following the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. A total of 24 responses were received during and after the inspection. The responses are included in the report below.

The following records were examined during the inspection:

- care records for three residents
- staff training records
- two staff recruitment records

- Northern Health and Social Care Trust (NHSCT) Infection Control Report dated 7 September 2020
- Annual Quality Review report dated 10 February 2021
- monthly monitoring reports for the period August 2020 to December 2020.

Areas for improvement from the previous care inspection were reviewed and an assessment of compliance recorded as met or not met. One area for improvement from the previous medicines management inspection was not reviewed and will be carried forward to the next medicines management inspection.

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 previous care inspection on 17 October 2019 and medicines management inspection on 11 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.10 Stated: Second time To be completed by: 17 November 2019	<p>The registered person shall ensure there is a robust system in place to review and update the assessment of needs for residents on a regular basis and no less than annually.</p> <p>Action taken as confirmed during the inspection: Examination of care records evidenced that needs and risk assessments were in place and reviewed on a minimum annual basis. We did identify two falls risk assessments which had not been updated in a timely way. This was discussed with the manager who apologised for the oversight, which had occurred while the home managed an outbreak of infection. We examined additional care records which confirmed that all required actions had been taken to manage the potential falls risk. Therefore, as written, this area for improvement is met.</p>	Met
Area for improvement 2 Ref: Standard 23.3	<p>The registered person shall ensure mandatory training requirements are met.</p>	Not met

<p>Stated: First time</p> <p>To be completed by: 17 November 2019</p>	<p>Action taken as confirmed during the inspection: Review of training records identified that a number of staff had still to complete mandatory training requirements, including refresher training. Therefore, this area for improvement was stated for a second time.</p> <p>We also sought additional assurance from management that completion of staff training would be prioritised. Management fully acknowledged the issue, and identified barriers including the impact of the COVID-19 pandemic and computer access. On 1 March 2021, the responsible individual submitted a written action plan to RQIA outlining how this area for improvement would be addressed; therefore no further action was required on this occasion and compliance will be monitored through the QIP.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 17 November 2019</p>	<p>The registered person shall monitor the quality of services in accordance with the homes written procedures and completed a monitoring report on a monthly basis.</p> <p>Action taken as confirmed during the inspection: Review of completed monthly monitoring reports confirmed this area for improvement had been met.</p> <p>Additional guidance was provided to the responsible individual regarding the use of detailed action plans to further monitor and drive improvement in the home, particularly given the findings in relation to staff training.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: 11 July 2018</p>	<p>The registered person shall ensure that medicine administration records are fully and accurately maintained.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>

6.2 Inspection findings

6.2.1 Consultation

Prior to a planned announced remote inspection on 16 September 2020, feedback was gathered from residents, residents' representatives and staff. We asked is care safe, effective compassionate and is the service well-led?

Eight residents responded. All were either satisfied or very satisfied regarding their care. Specific comments included:

- "I feel safe, very safe in the home. The compassionate care is excellent. The leadership is excellent in the home."
- "No complaints. Very happy here."

Responses were received from three residents' representatives. All were very satisfied with the care provided in the home. One comment included; "Relative's care is excellent at all times."

Three staff members responded and all were very satisfied with the care in the home. No specific comments were made.

On 17 February 2021, a total of 15 completed questionnaires from residents and/or residents' representatives, and one staff, were returned to the inspector during the inspection. All respondents were either satisfied or very satisfied that the care in the home was safe and compassionate. 14 respondents were either satisfied or very satisfied that the care in the home was effective and that the service was well led; one respondent stated they were undecided. No specific comments were made.

6.2.2 Care delivery

Residents looked well cared for and it was clear that staff had taken their time to support residents with maintaining their personal care and appearance to a high standard.

Observation of practice and discussion with staff evidenced that staff had a good knowledge of resident's individual needs and preferences. We saw staff deliver care promptly, in a kind and friendly manner, and residents appeared very at ease and comfortable with staff.

During the inspection, we spoke with 26 residents. Residents were positive about their experiences living in the home. One resident's feedback regarding the morning routine was shared with the manager for action and review. Specific comments from residents included:

- "The staff are very kind; they don't keep you waiting."
- "I'd rather be home, but I have no complaints at all" (about the residential home).

We observed the serving of the lunch time meal. This was an organised, calm and pleasant experience for residents. Residents were offered choice of what to eat and where to have their meal. Staff were supportive and attentive, assisting resident's with eating and encouraging independence where possible.

Visiting and care partner arrangements were in place, in line with current COVID-19 guidance. Visits were booked in advance, and took place in a socially distanced, well-ventilated private room. The care partner role was planned and risk assessed with the resident and their representative.

An area of good practice was identified regarding activities in the home. Activities had been reviewed and planned in line with COVID-19 guidance, to ensure resident's social and leisure needs continued to be met. There was an excellent range of group and individual activities, such as 'Knit and Natter', bingo, chair exercises and memory games. In addition to these planned activities, staff were flexible and ensured to spend time talking and reminiscing with residents, and offering nail and hair care.

6.2.3 Staffing

No concerns regarding staffing levels were raised by residents or their representatives. During the inspection, we saw care being delivered in a timely, organised and calm manner by staff.

Review of staff recruitment records and discussion with management confirmed that Access NI checks were completed before staff commenced work in the home. Management also maintained oversight of staff's professional registration with Northern Ireland Social Care Council (NISCC). The home had a recruitment checklist template available, but this had not been used. We highlighted how this would provide additional assurance and oversight of this process, particularly as we were unable to clearly evidence that gaps in employment were explored. An area for improvement was made.

We spoke with five staff during the inspection. All were positive about their experiences working in the home, including staffing levels. Specific comments included:

- "There's good team work here. It's been a very emotional time (with COVID-19) but we got through it. Management are all approachable."
- "I'm very happy and enjoy working here. I got a good induction, have plenty of training and support."
- "I've worked in other care homes and this is the best. No matter what problem you have, you can approach management and they sort it. We have plenty of time to spend with residents and get paperwork done."
- "It's a nice, well organised home, definitely good for the residents. They get good meals and good care."

Eight staff completed an online questionnaire following the inspection. All eight respondents were either very satisfied or satisfied that the care in the home was effective and compassionate, and that the service was well-led. One comment was made, "Working through the covid, I personally thought we had great support."

Six respondents were either very satisfied or satisfied that the care delivered in the home was safe. Two respondents were very dissatisfied but no specific comments were made.

The above feedback was shared with the home's management for review and action as required.

6.2.4 Recording of care

Care records were individualised and contained a good level of detail on resident's social, emotional and psychological needs.

There was clear evidence of regular communication with resident's representatives, including their loved ones and multi-agency professionals.

There was good oversight of resident's weights and dietary needs, including referrals to Speech and Language Therapy (SLT) as required.

Mental Capacity Assessments were underway, and documentation retained in care records.

Care plans regarding resident's physical health needs were in place. However these lacked sufficient detail to inform and guide staff on symptoms, side effects and management of same. For instance, one care plan needed further clarification regarding the use of as required medication for a resident's physical health condition. This was also linked to records relating to changes in resident's mobility. Specific feedback was provided to management during the inspection and an area of improvement was made.

6.2.5 The home's environment

On arrival to the home, staff ensured to take our temperature and completed a COVID-19 symptom checklist.

Staff wore Personal and Protective Equipment (PPE) as required. PPE stations were well stocked and available throughout the home. Good hand hygiene was practised and encouraged among staff and residents. We observed one occasion where staff did not sanitise their hands; this was addressed on the day. Seating in lounges and dining rooms were spaced to allow social distancing.

The home was clean, tidy and warm.

Overall, the home was well maintained, including resident's bedrooms which were homely and individualised to the needs and interests of the residents. We did identify several areas requiring attention:

- repairs required to the flooring in one identified bathroom/shower room on the ground floor
- several radiator covers were damaged/required repair
- damage to wall and storage of wheelchairs beside a stair well on the ground floor
- the wall beside the staff toilet required repair
- the skirting boards in the staff toilet needed to be either deep cleaned or repainted, and the toilet roll holder repaired.

An area for improvement was made.

6.2.6 Management and governance arrangements

The management highlighted how challenging this year had been for the residents and staff in the home, and that there had been huge learning in terms of required changes in line with current COVID-19 guidance.

Management expressed their gratitude for the continued support and guidance of the NHSCT. Observations of the home's environment and IPC measures confirmed that the home had implemented and sustained the recommendations made in the NHSCT's report dated 7 September 2020.

Residents, their representatives and staff were positive about the approachability and responsiveness of the home's management. The responsible individual also reiterated his gratitude for the manager's dedication and commitment to the residents and staff.

The home's Annual Quality Review report also included positive feedback from residents, their representatives and staff, as well as an overview of complaints and changes in the home.

Areas of good practice

Areas of good practice were identified in relation to care delivery, visiting arrangements, activities, staffing levels and IPC measures in the home.

Areas for improvement

Three new areas for improvement were identified in relation to recruitment records, care plans regarding resident's physical health and the environmental deficits referred to in section 6.2.5.

	Regulations	Standards
Total number of areas for improvement	0	3

6.3 Conclusion

Residents looked well cared for and content in the home.

We received positive feedback from residents, their representatives and staff before, during and after the inspection.

There were good arrangements in place to meet resident's social, emotional and psychological needs, including visiting and activities.

Areas for improvement are to be managed through the QIP below.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Assumpta McKeown, manager, and James Joseph Mc Conville, responsible individual, 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 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: 11 July 2018	<p>The registered person shall ensure that medicine administration records are fully and accurately maintained.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.1</p>
Area for improvement 2 Ref: Standard 23.3 Stated: Second time To be completed by: 17 May 2021	<p>The registered person shall ensure mandatory training requirements are met.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: A designated senior carer has commenced training sessions and meetings for all staff with monthly reviews. 2 meetings and 2 training sessions carried out in past 4 weeks. This has proved successful with a high uptake of staff participating in e-learning.</p>
Area for improvement 3 Ref: Standard 19.2 Stated: First time To be completed by: from the date of inspection	<p>The registered person shall ensure, before making an offer of employment that any gaps in an employment record are explored and explanations recorded.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Implemented on interview sheet for new employees.</p>
Area for improvement 4 Ref: Standard 6.2 Stated: First time To be completed by: 17 March 2021	<p>The registered person shall ensure that an individual comprehensive care plan regarding the physical health care needs of each resident includes sufficient information to inform and guide staff on the care required. This includes details of:</p> <ul style="list-style-type: none"> • The daily care, support, opportunities and services provided by the home and others • The management of any identified risks • Strategies or programmes to manage specified behaviours • Directions for the use of any equipment used to assist the delivery of care. <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken:</p>

	Care plans now currently reflect residents physical health care needs
Area for improvement 5 Ref: Standard 27 Stated: First time To be completed by: 17 May 2021	The registered person shall ensure that the environmental deficits listed in section 6.2.5 of this report are addressed. Ref: 6.2.5 Response by registered person detailing the actions taken: .4 of the 5 defects mentioned have now been rectified. We are awaiting a part to be delivered from England for the last defect and will be completed by the required specified date.

Please ensure this document is completed in full and returned via Web Portal



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