



Unannounced Care Inspection Report 17 October 2019



Andena

Type of Service: Residential Care Home
Address: 206-208 Ballymoney Road, Ballymena BT43 5HJ
Tel no: 02825644767
Inspector: Bronagh Duggan

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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 registered residential care home which provides care for up to 36 residents within the categories of care as outlined in section 3.0 of this report.

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: Christina Ann Shields	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

An unannounced inspection took place on 17 October 2019 from 10.00 hours to 18.00 hours.

The inspection assessed progress with all areas for improvement identified in the home 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 staffing, staff recruitment and induction, the culture and ethos of the home, listening to and responding to the views of residents and resident representatives and maintaining good working relationships.

Areas requiring improvement were identified in relation to mandatory training and completion of monthly monitoring reports. One area for improvement in relation to ensuring a robust system to review the assessed needs of residents has been stated for a second time. One area for improvement from the previous medicines management inspection has been carried forward for review at the next inspection.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents, people who visit them 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	0	*4

*The total number of areas for improvement includes one which has been stated for a second time and one which has been carried forward from the previous medicines management inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Christina Ann Shields, 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 11 February 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 11 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, and any other written or verbal information received since the previous inspection.

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. Nine completed questionnaires were returned within the identified timescale. Respondents indicated that they were very satisfied with the care provided.

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

- staff duty rotas
- staff training records

- one staff recruitment and induction record
- staff competency and capability assessment
- three residents' records of care
- complaint records
- compliment records
- minutes of staff meetings
- governance audits/records
- accident / incident records
- Northern Ireland Social Care Council (NISCC) information
- RQIA registration certificate

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 last care inspection dated 11 February 2019

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: First time	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.	Partially met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of information showed there was an audit system in place to review care records in the home, however from two of the care records reviewed it was noted they included risk assessment information that had not been reviewed in over one year. This issue was discussed with the registered manager. Although an improvement was evident, the system should be more robust.	
This area for improvement has been stated for a second time on the QIP appended to this report.		

Areas for improvement from the last medicines management 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 31 Stated: First time To be completed by: 11 July 2018	The registered person shall ensure that medicine administration records are fully and accurately maintained.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: 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.	

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.

On arrival to the home we observed it to be bright, comfortably heated and welcoming. The majority of residents were up, washed and dressed. Residents spoken with were relaxing in two main lounge areas. Some were reading newspapers while others were completing word searches and chatting together. Other residents were observed relaxing in their bedrooms while others were walking around the home interacting with each other and with staff.

During discussions with staff they confirmed the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated in the home and that staff numbers were adjusted according to the identified needs of residents. No concerns were raised by residents, visiting representatives or staff regarding staffing levels in the home. Residents spoken with confirmed staff were available to help when needed. The staff duty roster reviewed reflected staff on duty over the twenty four hour period.

The registered manager confirmed competency and capability assessments were in place for staff in charge of the home in the manager's absence. A sample of assessments was viewed and found to be satisfactory.

One recruitment record was viewed; this showed that appropriate checks including Access NI and reference checks were completed prior to new staff commencing employment in the home. One induction record was viewed during the inspection and was found to be satisfactory.

Staff spoken with said they received good support from the manager who staff described as being "very approachable". Staff confirmed they received regular supervision and appraisal.

Review of staff training records showed that mandatory training levels were below what would be expected. The need to focus on staff completion rates especially in relation to first aid, challenging behaviour, safeguarding and infection prevention and control was discussed with the registered manager. An area for improvement was identified.

There was an identified safeguarding champion for the home, the annual safeguarding position report had been completed for the period of 2018 - 2019. Staff spoken with were able to identify different types and signs of abuse and correctly describe what action they would take if they suspected or witnessed any form of abuse.

Accident and incident records were reviewed which showed incidents were reported and managed appropriately.

Regarding restrictive practices the registered manager advised the front door to the home was secure and this was reflected in care records for each resident. The registered manager advised other restrictive practices in use in the home included for example alarm mats. The registered manager advised any restrictive practices are agreed at multi-disciplinary level and reviewed regularly. Arrangements in place regarding the introduction of the Mental Capacity Act Legislation (2016) Northern Ireland and Deprivation of Liberty Safeguards (DOLS) was discussed with the registered manager, who was advised on how to access relevant training for staff.

An inspection of the home was undertaken, and was found to be warm, clean and bright throughout. Residents' bedrooms were clean and tidy; and were nicely decorated with personal belongings including photographs and ornaments. Signage was in place in general parts of the home to help orientate residents. The weekly activities schedule was displayed in a central part of the home; additional orientation information including signage showing the day, date, and weather conditions was also displayed for resident use.

We observed a good supply of disposable gloves, aprons and liquid hand soap in the home. Discussion with staff confirmed they were aware of procedures to reduce or minimise the risk of infection, the importance of handwashing, and use of personal protective clothing.

Walkways throughout the home were kept clear; review of staff training records showed staff completed fire safety training. Fire drills were completed on a regular basis; records showed weekly fire safety checks were maintained on an up to date basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, supervision and appraisal, infection prevention and control and the home's environment.

Areas for improvement

An area for improvement was identified in relation to the completion of mandatory training by staff.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff responded to residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

There was evidence within three care records inspected that care plans were reviewed and updated regularly. During the previous inspection the need to ensure needs assessments were reviewed no less than annually was identified as an area for improvement. From the three care records inspected improvements were evident, however it was noted risk assessments included within the care records should have been reviewed two months earlier. This area for improvement has been stated for a second time in the QIP appended to this report.

Review of one of the records showed that speech and language therapist (SALT) guidance was in place to reflect the residents' textured type diet. Staff were aware of specialist dietary requirements of residents. Weight records were maintained regularly, where weight loss was identified this was shared with relevant professionals for follow up.

Regarding the dining experience we could see the daily menu was displayed in the dining room area, tables were nicely set. Staff were available to support staff as required. Residents spoken with said that they enjoyed the food in the home. Drinks and snacks were available throughout the day, and were served to residents. In addition, jugs of juice were observed within the lounge areas and residents were observed helping themselves within one of the lounges throughout the day.

There was good evidence of effective team work staff confirmed they were kept up to date with any changes and they said there was good team work within the home. Through discussion with the registered manager it became apparent there were some delays with annual care reviews with the referring Trust. Records in the home showed that this issue had been raised by staff in the home with relevant Trust. The need to ensure changes in residents needs were shared accordingly with relevant Trust representatives was discussed with the registered manager who confirmed staff in the home had been doing this. The issue was discussed with a Trust representative following the inspection.

Staff advised there was a handover given at the beginning of each shift, specific duties were allocated and care records were regularly updated throughout the duration of residents' stay in the home. Staff demonstrated good knowledge of residents' care needs and confirmed that all residents' care needs were being met. Review of staff meeting minutes showed that the last meeting was held in June 2019.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to updating care plans and communication between residents, staff and other key stakeholders.

Areas for improvement

There were no areas for improvement identified in 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.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere within the home, with residents interacting easily with staff. Residents appeared relaxed, content and confident with staff; staff were attentive to residents as they expressed their needs, which were promptly responded to.

Throughout the inspection staff interactions with residents were observed to be compassionate with knowledge of residents' preferences and assessed needs. There was a relaxed atmosphere within the home, with residents conversing with staff and each other readily. Visitors to the home were also welcomed by staff in a pleasant and professional manner.

This was evidenced from observations of staff interactions with residents, and responses from residents about the care received that they felt comfortable and relaxed in the home. Residents were observed laughing and joking with staff. During the inspection it was a resident's birthday; the occasion was marked with a sing song from residents and staff, wishing the resident a happy birthday, and presenting them with a freshly made birthday cake. Interactions were warm and pleasant; residents and visitors appeared very comfortable in the home.

Residents' preferences and interests were reflected within care records and staff demonstrated good awareness and understanding of residents likes and dislikes. Staff described how they aim to promote residents independence, for example by way of encouragement, to help residents maintain their independence as best as possible.

Comments from residents and visiting representatives included:

- "It's lovely here." (resident)
- "Everything is very good, the staff are very kind, food tasty, bed comfortable, all you want." (resident)
- "We are very well looked after here, meals are very good and well presented, staff are very kind. I would like to go out for a walk around the building more." (resident)
- "It's very good, the staff are very good. It is definitely a lovely place, we are very happy with it. Couldn't complain about anything." (representative)
- "The best, staff very helpful, it's a great home, the care is terrific, first class. If you had to score it out of ten I would say ten." (representative)
- "We are very happy with it. The staff are always available; we are kept well informed of any changes. She is happy here; if she is happy I'm happy. Only one think and it's not a complaint but it would be nice if they could have some outdoor space to get out more, do a bit of gardening maybe." (representative)

Residents were observed doing puzzles and reading, one resident shared how she enjoyed writing in her journal and was engaged in this in the lounge area. Activities were provided on a daily basis and included for example arts, crafts, exercises, musical events. Staff confirmed residents spiritual needs were met within the home with regular visits from lay groups and ministers. The feedback received from representatives and one resident regarding the issue of having an outdoor space to access especially during the summer months was discussed with the registered manager. This was discussed with the manager.

Nine completed questionnaires were returned within the identified timescale. All respondents indicated they were very satisfied with the care provided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives.

Areas for improvement

No areas for improvement were identified.

	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 certificate of registration issued by RQIA was appropriately displayed in the front hall area of the home. The certificate identifies the management arrangements for the home and the maximum number of residents allowed to be accommodated in the home. Discussion with the registered manager and observations confirmed that the home was operating within its registered categories of care.

The registered manager outlined the organisational structure of the home and advised there had been a second deputy manager appointed since the previous inspection. Staff spoken with confirmed that the home’s management were approachable and said they would be happy to raise issues directly. Staff spoken with outlined on call arrangements in the home for when management are not on site.

The registered manager remained on duty throughout the inspection and was accessible for residents, staff and visitors. Staff we spoke with demonstrated good understanding of their roles and responsibilities.

The home retained a wide range of policies and procedures in place to guide and inform staff.

Review of accident and incident records in the home showed these had been managed appropriately. Monthly falls audits were completed to analyse for any patterns or trends.

There was a range of audits completed on a regular basis to ensure ongoing quality review in the home. These included, for example, audits relating to mattress checks, care plans, drug audits, and kitchen hygiene checks. The need to ensure monthly monitoring reports were completed to ensure additional management oversight and quality assurance was discussed. An area for improvement was identified.

The home had a complaints policy and procedure in place. Review of complaints records showed the outcome of any investigations undertaken and the complainant's level of satisfaction.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

One area was identified for improvement in relation to the completion of monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Christina Ann Shields, 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 20.10 Stated: Second time To be completed by: 17 November 2019	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. Ref: 6.2 Response by registered person detailing the actions taken: All residents assessments of needs have been updated and we will continue to do so on a regular basis.
Area for improvement 2 Ref: Standard 23.3 Stated: First time To be completed by: 17 November 2019	The registered person shall ensure mandatory training requirements are met. Ref: 6.3 Response by registered person detailing the actions taken: Outstanding mandatory training completed.
Area for improvement 3 Ref: Standard 20.11 Stated: First time To be completed by: 17 November 2019	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. Ref: 6.6 Response by registered person detailing the actions taken: Completed.
Area for improvement 4 Ref: Standard 31 Stated: First time To be completed by: 11 July 2018	The registered person shall ensure that medicine administration records are fully and accurately maintained. Ref : 6.2 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.

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



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