

Unannounced Care Inspection Report 25 August 2016



Andena

Type of service: Residential care home
Address: 206-208 Ballymoney Road, Ballymena, BT43 5HG
Tel No: 028 2564 4767
Inspector: Bronagh Duggan

Please note: This assessment is based on the findings of this inspection and should be read together with the full report.

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Andena Residential Home took place on 25 August 2016 from 11:00 to 18:15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Three recommendations were made in regards to ensuring a schedule for supervision and appraisal was in place, reviewing and updating the homes policy and procedure on adult safeguarding to reflect regional guidance and also for the flooring in an identified bedroom to be improved upon.

There were examples of good practice found throughout the inspection in relation to staff induction, training, and infection prevention and control.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders. No requirements or recommendations were made in relation to this domain.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents. No requirements or recommendations were made in relation to this domain.

Is the service well led?

Two recommendations were made in regards to systematically updating policies and procedures on a three yearly basis or more frequently as changes occur and also to ensure a robust training record is maintained which can easily highlight/track staff members training status.

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.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	7

Details of the Quality Improvement Plan (QIP) within this report 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 15 December 2015.

2.0 Service details

Registered organisation/registered person: Mr James Joseph McConville	Registered manager: Mrs Christina Ann Shields
Person in charge of the home at the time of inspection: Mrs Christina Ann Shields	Date manager registered: 1 April 2005
Categories of care: I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	Number of registered places: 36

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the previous inspection, the returned QIP, and the previous inspection report.

During the inspection the inspector met with 13 residents individually and others in groups, three care staff, one member of domestic staff, the activities therapist, one resident's visitor / representative , the deputy manager and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training records

- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents including falls and catering
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Relevant policies and procedures manual

A total of 24 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. 17 questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21 April 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 15 December 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 11.1 Stated: First time To be completed by: 22 December 2015	The registered manager should ensure a care review is arranged for the identified resident without delay.	Not Met
	Action taken as confirmed during the inspection: A care review had not been completed for the identified resident. This recommendation has been stated for a second time in the QIP appended to this report.	
Recommendation 2 Ref: Standard 5.2 Stated: First time To be completed by: 22 January 2016	The registered manager should ensure that a needs assessment and a risk assessment are completed for any resident before a "Stand Easy hoist" is used.	Met
	Action taken as confirmed during the inspection: Review of one care record showed that a needs assessment and risk assessment was completed regarding the use of the "Stand Easy hoist".	
Recommendation 3 Ref: Standard 6.3 Stated: First time To be completed by: 15 February 2016	The registered manager should ensure that care plans are signed by the resident or their representative, the staff member drawing it up and the registered manager. If a resident or their representative is unable to sign or chooses not to sign, this should be recorded.	Met
	Action taken as confirmed during the inspection: Review of three care plans showed that these were signed appropriately.	
Recommendation 4 Ref: Standard 1.7 Stated: First time To be completed by: 15 February 2016	The registered manager should ensure that the annual quality review report is completed as soon as possible. A copy of this report should be made available to residents and their representatives.	Met
	Action taken as confirmed during the inspection: A copy of the annual quality review report was available for inspection this included relevant information. The registered manager confirmed a copy of the report was made available for residents and their representatives.	

Last care inspection recommendations		Validation of compliance
Recommendation 5 Ref: Standard 23.4 Stated: First time To be completed by: 15 March 2016	The registered manager should ensure that staff complete training in record keeping.	Not Met
	Action taken as confirmed during the inspection: Inspection of training records showed that staff had not completed training in record keeping. This recommendation has been stated for a second time in the QIP appended to this report.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

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

- Registered manager
- Deputy manager
- Senior carer x1
- Care Assistant x3
- Activities Therapist x1
- Domestic Assistant x2
- Cook x1
- Kitchen Assistant x1

The evening shift pattern included Deputy manager, 1x senior carer, and 2 x care assistants and the night shift included 3x care assistants.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. Records available showed that there had been some cross over with supervision and appraisal sessions. This was discussed with the registered manager and deputy manager. A recommendation was made that a schedule for annual staff appraisals and staff supervision should be maintained.

The registered manager and staff 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; records of competency and capability assessments were retained. A sample of staff competency and capability assessments were reviewed and found to satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of one staff personnel file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

A recommendation was made that the homes adult safeguarding policy and procedure should be reviewed and updated to reflect regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 and include 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. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager confirmed there had been no recent safeguarding incidents in the home. Discussion with the registered manager, confirmed that all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and written records would be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed there were restrictive practices employed within the home, notably a keypad entry system, bed rails, and pressure alarm mats. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The registered manager confirmed there were risk management policies and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Staff training records confirmed that all staff had received training in IPC; in line with their roles and responsibilities. Discussion with staff 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. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. It was noted that the flooring of an identified bedroom was uneven in places resulting in a possible trip hazard. This issue was discussed with the registered manager who confirmed the room was soon to be vacated. A recommendation was made the flooring should be improved upon ensuring an even surface without delay. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 10 October 2015. The most recent fire safety training was completed in April 2016. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly / monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Seventeen completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents were satisfied with the care provided.

Comments received from one resident and one representative in completed questionnaires were as follows:

- I have always felt safe.
- I feel confident re. safety and the environment in the home.

Areas for improvement

Three areas for improvement were identified in relation to the completion of a schedule outlining supervision and appraisal arrangements for staff, the review and updating of the homes adult safeguarding policy and procedures and also for the flooring in an identified bedroom to be improved upon.

Number of requirements:	0	Number of recommendations:	3
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4.4 Is care effective?

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

A review of three care records 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. 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 resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. For example staff confirmed that one resident prefers to stay in their room for most of the day. This arrangement is facilitated with regular checks from staff and the resident would also choose where they have their meals.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls) and catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the annual quality report.

The registered manager confirmed 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, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents, one representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were available for inspection.

A review 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.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who had issues with mental capacity / who required specialist supports. This information was included with in the homes Statement of Purpose.

Seventeen completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents reflected satisfaction with the care provided.

One resident and one resident's representative commented in the completed questionnaires:

- I am happy with the care received.
- I feel free to contact the home at any time and staff / manager act promptly on any request.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff, residents and one representative confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

The registered manager, residents and one representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, one representative and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example staff would ensure discussions about residents care were held in the office away from other residents.

Discussion with staff, residents, one representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example the activities therapist was observed supporting residents with both one to one activities and group based activities during the inspection. Residents have been involved in creating window boxes and they have participated in a cake sale in the home. They also enjoy daily newspapers, knitting, bingo and quizzes. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example local church groups and folk groups would visit the home. Residents have attended the Lord Mayors concert in the town hall.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, one representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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. For example information on how to make a complaint was displayed around the home.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example satisfaction questionnaires, regular resident meetings, care reviews, the registered manager also confirmed representatives were welcome to share their views at any time on a face to face basis.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

Residents and one representative confirmed that their views and opinions were taken into account in all matters affecting them.

Seventeen completed questionnaires were returned to RQIA from residents, resident's representatives and staff. One representative stated in a completed questionnaire:

- The carers know the residents individually and treat them with respect.

One resident's representative visiting the home commented:

- "I couldn't recommend this home highly enough. The care is unbelievable, it is just so good. We are always kept informed if there are any changes. I think it is just wonderful here".

Comments received from residents were as follows:

- "It's lovely here, everyone is very nice".
- "No complaints from me, I have everything I need".
- "This is a great place, the staff are very kind, they are all different but isn't that what it's all about".
- "The food is lovely, we have a choice and if you don't like something you don't have to eat it".

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The health and social care needs of residents were met in accordance with the home's Statement of Purpose.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. A recommendation was made that all policies and procedures should be systematically reviewed every three years or more frequently as changes occur as a number were found to require updating.

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, Poster / leaflet etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review 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. Arrangements were in place to share information about complaints and compliments with staff.

There was an accident/incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents and notifiable 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 available for inspection.

The Falls Prevention Toolkit was discussed with the registered manager and advice given on how to implement this.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. This included information about the Patient Client Council. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents including training relating to dementia. The registered manager confirmed the home had recently introduced an electronic learning system which includes mandatory and additional training for staff. The registered manager was advised of the need to ensure that an overview of staff training compliance levels is available for inspection. A recommendation was made that a robust training record should be maintained which can easily highlight/track staff members training status.

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. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular visits to the home.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Seventeen completed questionnaires were returned to RQIA from residents, resident's representatives and staff.

Comments received from residents and representatives in completed questionnaires were as follows:

- Well satisfied with the service.
- The care is good.
- I feel the home is extremely well managed and the care is excellent.

Areas for improvement

Two areas for improvement were identified in relation to ensuring a robust training record is maintained which can easily highlight/track staff members training status and also to ensure the systematic updating of policies and procedures on a three yearly basis or more frequently if required.

Number of requirements:	0	Number of recommendations:	2
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5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider 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 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 the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 24.3 Stated: First time To be completed by: 25 September 2016	<p>The registered provider should ensure that a schedule for annual staff appraisals and staff supervision is maintained.</p> <p>Response by registered provider detailing the actions taken: Schedule in place.</p>
Recommendation 2 Ref: Standard 16.1 Stated: First time To be completed by: 25 November 2016	<p>The registered provider should ensure the homes adult safeguarding policy and procedure is reviewed and updated to reflect regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015.</p> <p>Response by registered provider detailing the actions taken: Reviewed and updating in progress and will be completed by 25/11/16.</p>
Recommendation 3 Ref: Standard 27.8 Stated: First time To be completed by: 15 October 2016	<p>The registered provider should ensure the flooring in an identified bedroom is improved upon.</p> <p>Response by registered provider detailing the actions taken: New flooring has been installed.</p>
Recommendation 4 Ref: Standard 21.5 Stated: First time To be completed by: 25 January 2017	<p>The registered provider should ensure all policies and procedures are systematically reviewed every three years or more frequently as changes occur.</p> <p>Response by registered provider detailing the actions taken: These are currently being reviewed with the majority completed with the remainder to be completed by 25/01/17.</p>
Recommendation 5 Ref: Standard 23.6 Stated: First time To be completed by: 15 October 2016	<p>The registered provider should ensure a robust training record is maintained which can easily highlight/track staff members training status.</p> <p>Response by registered provider detailing the actions taken: E-learning has been introduced earlier this year and monthly reports showing current status held.</p>

Recommendations	
Recommendation 6 Ref: Standard 11.1 Stated: Second time To be completed by: 25 September 2016	The registered provider should ensure a care review is arranged for the identified resident without delay. Response by registered provider detailing the actions taken: Completed by due date.
Recommendation 7 Ref: Standard 23.4 Stated: Second time To be completed by: 25 November 2016	The registered manager should ensure that staff complete training in record keeping. Response by registered provider detailing the actions taken: Training session for above arranged for 03/11/16.

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



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