



The Regulation and
Quality Improvement
Authority

Englewood
RQIA ID: 1356
5 Blackcave Crescent
Drains Bay
Larne

Inspector: Bronagh Duggan
Inspection ID:IN022337

Tel: 02828275847

**Announced Care Inspection
of
Englewood**

21 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 21 May 2015 from 11.00 to 14.45. On the day of the inspection we found the home 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 DHSSPS 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	2	1

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

2. Service Details

Registered Organisation/Registered Person: Mrs Elizabeth Magee	Registered Manager: Mrs Elizabeth Magee
Person in Charge of the Home at the Time of Inspection: Mrs Elizabeth Magee	Date Manager Registered: April 2005
Categories of Care: RC-I, RC-DE	Number of Registered Places: 3
Number of Residents Accommodated on Day of Inspection: 2	Weekly Tariff at Time of Inspection: £470

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: Notifications of accidents and incident records and the returned Quality Improvement Plan from the previous inspection.

During the inspection the inspector met with two residents, the registered manager and one visiting relative.

We inspected the following:

- Two care records
- Residents progress records
- Minutes of residents meetings
- Fire safety checks and the homes fire safety risk assessment
- Relevant policies and procedures

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 20 March 2015. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 15 (2) (a) (b)	<p>The registered person shall ensure that the assessment of the residents needs is –</p> <p>(a) kept under review; and</p> <p>(b) 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 considering the identified resident had a serious accident a few months earlier before a second accident was witnessed during the inspection.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that residents' assessed needs were under constant review. We reviewed the care records of two residents which were found to be updated accordingly. Both residents had up to date care review records in place.</p>	
Requirement 2 Ref: Regulation 20 (1) (a)	<p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents-ensure that at all times suitably qualified, competent and experienced persons are working in the home in such numbers as are appropriate for the health and welfare of residents;</p> <p>Reference to this is made for the registered person to have an adequate number of staff available to work in the home when needed.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The registered manager had taken steps to employ additional staff who can be contacted to work in the home on an as and when required basis. Staff recruitment information was available to confirm this.</p>	

<p>Requirement 3</p> <p>Ref: Regulation 21 (1) (b)</p>	<p>The registered person shall ensure that they obtain all relevant information prior to staff being employed to work in the home.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>We reviewed the recruitment files for staff recently employed to work in the home. The registered manager confirmed that she was awaiting a second reference for one identified potential employee. The registered manager must also ensure that applicant's identity is confirmed through the use of photographic identification.</p> <p>This requirement is restated in the QIP.</p>		

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

The registered manager confirmed that residents can spend their final days in the home. The registered manager also confirmed that it has been a number of years since a resident last died. Due to the small size of the home, however, if a residents needs change to the extent that their medical and nursing needs can no longer be met, a move to nursing care would become necessary.

In our discussions with the registered manager she confirmed that she works closely with other health care professionals. This includes general practitioners and the district nursing service to ensure care delivered is safe and effective. The registered manager also confirmed that she would liaise closely with residents' families and keep family members informed of any change in the resident's condition.

The registered manager confirmed that the needs of residents in the home are kept under regular review to ensure all needs can be met. If there was a notable change in residents needs the registered manager confirmed that this information would be shared with the residents care manager to ensure all care needs could be met. Care records are maintained to ensure the residents care and condition is closely monitored.

Is Care Effective? (Quality of Management)

The home has a policy and procedure in place for dealing with the death of a resident. Information within this outlined what support residents and their family members could expect.

A review of resident's records showed that relevant personal information was available. Details included spiritual arrangements if residents so wished, resident views and next of kin details.

Is Care Compassionate? (Quality of Care)

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

The registered manager confirmed that, following the death of a resident other resident(s) would be informed in a sensitive manner. Residents would have the opportunity to pay their respects and be provided with support if needed. Resident's belongings should be handled with care and respect. The registered manager also confirmed that representatives would be consulted about the removal of belongings within a time period suitable for them.

Areas for Improvement

There were no areas of improvement identified for this standard. This standard was assessed to be safe, effective and compassionate.

Number of Requirements	0	Number of Recommendations:	0
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5.4 Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

The registered manager confirmed that the needs of residents are reviewed on a continuing basis. The registered manager was aware of issues to be considered in relation to managing continence care. We reviewed two care plans. These contained relevant information in relation to the promotion and maintenance of continence.

In our discussions with the registered manager she confirmed that she was aware of the continence advisory service which could be contacted when needed to assess any changes in resident's condition.

Is Care Effective? (Quality of Management)

The home has a policy regarding the management of continence; we noted that the home's policy regarding the management of continence would benefit from further development to reflect the need to liaise with the district nursing / continence service when any changes are noted in a resident's condition. We made a recommendation in this regard.

Is Care Compassionate? (Quality of Care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect in the home. Interactions were polite and friendly; care was delivered in a calm and unhurried manner.

Areas for Improvement

One area of improvement was identified in relation to this theme. This theme was found to be safe, effective and compassionate.

Number of Requirements	0	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.6 Residents Views

We spoke with two residents on an individual basis. Both residents 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:

- “This is a nice place; it is like home from home”.
- “We are well looked after here, I can’t complain at all”.

5.7 Relatives / representatives views

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

“I am so glad (my relative) is here, it is so homely, and the one to one care is great. (My relative) is still very active and likes to get out and about so this is ideal”.

5.8 Fire Safety

We reviewed the homes fire safety risk assessment and noted that this was past its review date. We made a requirement that an up to date fire safety risk assessment should be in place within the home.

5.9 Staff Duty Records

In our discussion with the registered manager she confirmed that there was not a duty rota available in the home. We advised the registered manager of the need to ensure an accurate record is available reflecting the hours worked by staff in the home. We made a requirement in this regard.

5.10 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.

Areas for Improvement

Two additional areas of improvement were identified in the additional areas examined.

Number of Requirements	2	Number of Recommendations:	0
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Magee 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 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 DHSSPS 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 should be completed by the registered person/registered manager and 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. Once fully completed, the QIP will be returned to RQIA's office 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			
Statutory Requirements			
Requirement 1	The registered manager must ensure there is an up to date fire safety risk assessment in the home.		
Ref: Regulation 27(4) Stated: First time To be Completed by: 25 June 2015	Response by Registered Person(s) Detailing the Actions Taken: <i>FIRE RISK ASSESSMENT IN SITU.</i>		
Requirement 2	The registered manager must ensure there is a duty roster in the home which shows all hours worked by staff.		
Ref: Regulation 19(2) Schedule 4 (7) Stated: First time To be Completed by: The date of inspection and ongoing	Response by Registered Person(s) Detailing the Actions Taken: <i>DUTY ROSTER NOW IN SITU.</i>		
Requirement 3	The registered person shall ensure that they obtain all relevant information prior to staff being employed to work in the home.		
Ref: Regulation Stated: Second time To be Completed by: 25 June 2015	Response by Registered Person(s) Detailing the Actions Taken: <i>ALL RELEVANT INFORMATION WILL BE OBTAINED FOR ANY NEW STAFF AND RECORDED.</i>		
Recommendations			
Recommendation 1	The registered manager should ensure the policy on the management of continence is reviewed to reflect the need to liaise with the district nursing/continence service when any changes are noted in a resident's condition.		
Ref: Standard 21.1 Stated: First time To be Completed by: 16 July 2015	Response by Registered Person(s) Detailing the Actions Taken: <i>If any Residents becomes Incontinent - DISTRICT NURSE/CONTINENCE SERVICE INFORMED / CARE PLAN UPDATED.</i>		
Registered Manager Completing QIP	<i>Elizabeth Mafel</i>	Date Completed	<i>6/7/15</i>
Registered Person Approving QIP	<i>Elizabeth Mafel</i>	Date Approved	<i>6/7/15</i>
RQIA Inspector Assessing Response	<i>Bronagh Duffin</i>	Date Approved	<i>15/7/15</i>

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