

Unannounced Care Inspection Report 24 May 2016



Rosedale

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Rosedale took place on 24 May 2016 from 10:15 to 17:45.

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

Is care safe?

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. Review of accident and incidents notifications, review of care records and discussion with the registered manager confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

One requirement was made; this related to the completion of competency and capability assessments for any staff member left in charge of the home in the manager's absence.

Is care effective?

Care records reflected multi-professional input into the service users' health and social care needs. The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. 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. Two recommendations were made these related to the regular updating of care plans and risk assessments when any changes occur and in any case not less than annually and also to ensure daily evaluation records reflect in greater detail all personal care, support and any changes in the resident's needs.

Is care compassionate?

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. No requirements or recommendations were made.

Is the service well led?

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered. Policies and procedures were in place to guide and inform staff. Staff spoken with confirmed that they were familiar with the organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. One recommendation was made, this related to the provision of manual handling training on an annual basis.

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 | 1 | 3 |

Details of the QIP within this report were discussed with Heather Allison, Registered Manager as part of the inspection process. Liz Knight, Operations Manager was present towards the end of the inspection. 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 estates inspection

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

2.0 Service details

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| Registered organisation/registered person: Anthony Baxter Stevens | Registered manager: Heather Allison |
| Person in charge of the home at the time of inspection: Heather Allison | Date manager registered: 1 April 2005. |
| Categories of care: I - Old age not falling within any other category | Number of registered places: 38 |
| Weekly tariffs at time of inspection: £494 per week | Number of residents accommodated at the time of inspection: 17 |

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the previous inspection report and returned Quality Improvement Plan (QIP).

During the inspection the inspector met with 13 residents, three care staff, one resident's visitor/representative and the registered manager.

The following records were examined during the inspection:

- Three Care Records
- Accident and incident records
- Staff Training records
- Staff duty rota
- Minutes of residents meetings
- Relevant policies and procedures
- Staff supervision schedule
- Staff induction programme
- Monthly monitoring reports
- Falls audit information

Eighteen satisfaction questionnaires were distributed for completion by residents, representatives and staff as part of the inspection. Eleven completed satisfaction questionnaires were returned to RQIA. These showed respondents satisfaction with the care delivered.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21/01/2016

The most recent inspection of Rosedale was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 19/05/2016

There were no requirements or recommendations made as a result of the last care inspection.

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, resident's representative and staff.

On the day of inspection the following staff were on duty – The registered manager, 2 x Senior Care Workers, 2 x Care Workers for the morning shift. 1 x Senior Care Worker, 3 x Care Workers for the evening shift and 1x Senior Care Worker, 2 x Care Workers for the night shift. Domestic staff were also observed during the inspection period.

Review of three 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. We requested to view a sample of completed competency and capability assessments, for persons given the responsibility of being in charge of the home for any period in the absence of the registered manager. The registered manager confirmed these had not been completed to date. A requirement was made that these assessments are completed for these circumstances.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. One sample employment eligibility checklist was reviewed this showed all relevant information had been sought for the identified staff member prior to commencing employment.

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

A policy and procedure was in place regarding adult safeguarding. The registered manager confirmed that there are plans in place to revise and implement the new adult safeguarding procedures relating to the establishment of a safeguarding champion.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. 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.

Discussion with the registered manager, review of accident and incidents notifications and review of care records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

Staff training records confirmed that all staff had received training in IPC (Infection Prevention and Control) in line with their roles and responsibilities. Discussion with staff members established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of 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.

The registered manager confirmed that control of infection audits were carried out on an unannounced basis by a designated infection control nurse on a regular basis. The registered manager confirmed these audits were beneficial in promoting good infection prevention and control practices throughout the home.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home. There were information notices and leaflets available on IPC in a range of formats for residents, their representatives and staff.

The registered manager confirmed that 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 needs could not be met. Review of

care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks. 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. These included COSHH, falls and fire safety risk assessments.

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

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges, and bathrooms. The registered manager confirmed there were currently only a small number of permanently placed residents in the home. The majority of residents access the home for short periods of rehabilitation following discharge from hospital before returning to their permanent residence. The bedrooms of permanent residents were personalised with photographs, pictures and personal items. Short stay bedrooms were clean and furnished to a satisfactory standard. 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. There were no obvious hazards to the health and safety of residents, visitors or staff, including those with sensory impairments. The home has an enclosed garden accessible to residents and representatives who were observed making use of it during the inspection. The garden displays added significantly to the external appearance of the home. Residents confirmed they thoroughly enjoyed the garden, and were actively involved with maintaining the space. This is to be commended.

The registered manager confirmed that the fire safety risk assessment had been completed on 26 April 2016 but the report was not yet available. The registered manager confirmed that any recommendations made would be actioned accordingly. The fire safety risk assessment shall be reviewed during the next inspection. Review of staff training records confirmed that staff completed fire safety training at least twice annually. The most recent fire safety training was provided on 5 May 2016. The most recent fire drill was completed on 19 May 2016 and records were retained of staff who participated and any learning outcomes. 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.

Areas for improvement

One area of improvement was identified. This related to the completion of competency and capability assessments for any staff member left in charge of the home in the manager's absence. A requirement was made.

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| Number of requirements: | 1 | Number of recommendations: | 0 |
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4.4 Is care effective?

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

A review of three care records showed that two needed to be updated as it was noted one risk assessment for an identified resident was last reviewed in 2014. It was also noted that one identified care plan had not been updated following a change in the identified resident's circumstances. A recommendation was made that care plans and risk assessments should be updated when any changes occur or in any case no less than annually. Further to this it was noted that the detail included in one of the daily evaluation care records reviewed was very limited. A recommendation was made that care records should reflect personal care, support and any changes in the resident's needs in greater detail. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. The registered manager confirmed that 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 infection prevention and control measures were completed regularly. Further evidence of audits was contained within the monthly monitoring visit reports.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and one representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident meetings were available for inspection these showed meetings were being held on a regular basis.

Areas for improvement

Two areas of improvement were identified. These related to the regular updating of care plans and risk assessments when any changes occur and in any case no less than annually. A recommendation was also made that evaluation records should reflect in greater detail all personal care, support and any changes in the resident's needs.

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| Number of requirements: | 0 | Number of recommendations: | 2 |
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4.5 Is care compassionate?

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

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff, residents, and one representative confirmed that residents' spiritual and cultural needs, were met within the home.

The registered manager, residents and representative confirmed that consent was sought in relation to care and treatment. Residents, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. Some comments from residents regarding their experiences in the home included:

- "It is terrific here, I have all I need and everyone has been very kind."
- "It's like home from home, everyone is very generous."
- "I am very happy here. The food is good, good practical food like porridge for breakfast. I can't complain at all"
- "The staff go way beyond what you would expect, I don't think they get enough praise."
- "They are all very, very good. I couldn't ask for anymore."

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

The registered manager confirmed that 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.

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.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The registered manager confirmed findings from the consultation are collated into a summary report which is made available for residents and other interested parties. An action plan is developed and implemented where improvements are required. On the day of inspection the registered manager confirmed the report for 2016 was still being compiled. Information was available from previous years. The current report shall be reviewed during the next inspection.

Residents and one representative confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

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.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide, leaflets were on display throughout the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints were maintained satisfactorily.

A review of accidents/incidents/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 this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits for example Infection Prevention and Control audits and satisfaction questionnaires.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. It was noted however that staff completed training in manual handling three yearly. This issue was discussed with the registered manager who was advised that staff should complete manual handling training on an annual basis in keeping with RQIA mandatory training guidelines. A recommendation was made.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. 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.

Staff spoken with confirmed that they were familiar with the organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home’s certificate of registration was appropriately displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken 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.

Areas for improvement

One area for improvement was identified during the inspection. This related to the provision of manual handling training on an annual basis.

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| Number of requirements: | 0 | Number of recommendations: | 1 |
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Heather Allison, 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s 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 person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk 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 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

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| <p>Requirement 1</p> <p>Ref: Regulation 20. (3)</p> <p>Stated: First time</p> <p>To be completed by: 24 September 2016</p> | <p>The registered person must ensure competency and capability assessments are completed for any person left in charge of the home in the registered manager's absence.</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>There are competency assessments in place for Senior staff in respect of administration of medication and the Trust process of Knowledge and skills Framework and appraisal addresses and evidences the competencies of staff who are left in charge of the home. However as the inspector requested an additional general competency assessment will be put in place to meet this requirement.</p> |

Recommendations

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| <p>Recommendation 1</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 24 August 2016</p> | <p>The registered person should ensure that care plans and risk assessments are updated when any changes occur or in any case no less than annually.</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>This records relating to this client was discussed with senior staff at a staff meeting on the 5th JULY 2016 and staff reminded that in future following a visit to A&E, even though no change was needed the care plan and risk assessment should be updated to state this</p> |
| <p>Recommendation 2</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: 24 August 2016</p> | <p>The registered person should ensure records reflect personal care, support and any changes in the resident's needs.</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The records relating to this client were discussed with senior staff at a staff meeting on the 5th July 2016 and staff reminded that in future fuller details should be recorded</p> |
| <p>Recommendation 3</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 24 August 2016</p> | <p>The registered person should ensure training relating to manual handling is provided on an annual basis for staff.</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>This has been actioned and all staff training brought up to date.</p> |

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