

Announced Care Inspection Report 18 November 2016



Arbour House Residential Home

Type of service: Residential care home

Address: 16 Great George's Street South, Warrenpoint, BT34 3HR

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Inspector: Priscilla Clayton

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

A short notice announced inspection of Arbour House Residential Home took place on 18 November 2016 from 19.00 to 21.30 hours.

The inspection sought to assess progress with any issues raised during and since the last inspection dated 5 March 2016 and to determine if Arbour House was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

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

Two recommendations were made in this domain. Firstly, in relation to the replacement of a photograph ID within a staff file as this was blurred and unrecognisable and secondly the inclusion of the named safeguarding champion within the Adult Safeguarding Protection Prevention and Partnership policy.

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?

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.

Two recommendations were identified for improvement. One recommendation was restated from the previous inspection dated 05 March 2016. This related to ensuring all policies are reviewed to ensure policies as listed within appendix 2 of The Residential Care Homes Minimum Standards (2011) are retained and available to staff. The second recommendation related to further development of the annual quality report.

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	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Joanne M 'Donald, registered manager and Ann Woods, registered provider 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 05 March 2016.

2.0 Service details

Registered organization / registered person: Arbour House Management Committee. Ann Woods (registered provider)	Registered manager: Joanne McDonald
Person in charge of the home at the time of inspection: Joanne McDonald registered manager.	Date manager registered: 22 January 2014.
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 2 (This centre is open for respite at set weekend times during the year)

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous care inspection report and QIP dated 05 March 2016
- Accident / incident notifications

During the inspection the inspector met with the registered manager, registered provider and one staff member.

The following records were examined during the inspection:

- RQIA registration certificate

- Statement of purpose
- Service user guide
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment file(s)
- Three resident's care files
- Complaints and compliments records
- Minutes of recent residents' meetings / representatives' / other
- Monthly monitoring reports
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Selected policies and procedures manual
- Competency and capability assessments

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 05/03/16

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 12/03/16

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 17.1 Stated: First time To be completed by: 30 June 2016	Retain a complaints' register of all complaints received and ensure a template is available for staff to make a formal record of a complaint when received. Action taken as confirmed during the inspection: The complaints register in place was reviewed with necessary information recorded.	Met
Recommendation 2 Ref: Standard 21.1	The registered provider should: <ul style="list-style-type: none"> • Ensure that the policy / procedures on 	

Stated: First time To be completed by: 30 June 2016	Assessment, Care Planning and review are retained within the home's central policy file <ul style="list-style-type: none"> Undertake a review of all policies retained to ensure copies of those listed within appendix 2 of The Residential Care Homes Minimum Standards (2011) are retained and available to staff. 	Partially Met
	Action taken as confirmed during the inspection: The home's policy / procedures on assessment, care planning and review were retained within the policy / procedure file. The manager confirmed that work continues on the review of all policies relevant to the service.	

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 and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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

Discussion with the registered manager and one staff member and review of records retained confirmed that mandatory training, supervision and appraisal of staff were regularly provided.

The registered manager 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.

Review of the recruitment and selection policy and procedure confirmed that it complied with current employment legislation and best practice. Discussion with the registered manager and review of two staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

One recommendation made related to replacement of the identification photograph held within one staff file as this was considered to be of a poor quality of photocopying.

The manager confirmed that Enhanced Access NI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that Access NI information was managed and recorded in line with best practice.

The adult safeguarding policy/procedure had been reviewed and revised in keeping with the new DOH policy. One recommendation made included making reference to the identified named "Champion" for the home.

Discussion with the registered provider, manager and staff member confirmed that they were aware of the new regional 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. Staff training records reviewed confirmed that mandatory adult safeguarding training was provided for all staff on 23 September 2016.

Discussion with the manager and review of accident and incidents notifications, care records and complaints records confirmed no allegations or evidence of abuse was received.

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 provide residential respite care for 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.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

The registered manager confirmed there were risk management policy 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; COSHH, fire safety, moving and handling.

The home had a policy / procedures on Infection prevention and control which were considered to be in line with regional guidelines. Review of staff training records and discussion with the manager evidenced that training was provided on 20 September 2016.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with 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 comfortably furnished and decorated. The home was organised, fresh smelling, clean and appropriately heated in preparation for the admission of two people on weekend respite care.

Inspection of the internal and external environment identified that the home was 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.

The home had a current fire risk assessment which was dated January 2016. No recommendations were made in this assessment.

Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked as required and were regularly maintained.

One staff spoken with during the inspection made the following comments:

- “This is a good home where residents on respite receive very good care very satisfying work.”
- “ Good range of staff training provided”
- “I have worked here for many years and find that this form of respite is essential in order to support carers”.
- “The manager is very approachable, operates an open door to all”

Six completed questionnaires were returned to RQIA; one from a resident’s representative and one from a resident. The respondents rated their level of satisfaction with this aspect of care from “satisfied” to “very satisfied”

Areas for improvement

Two areas identified for improvement related to the inclusion of the named identified champion within the safeguarding policy and replacement of a staff photographic identification held within one staff file.

Number of requirements	0	Number of recommendations	2
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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. Care needs assessment and risk assessments were reviewed and updated annually or as changes occurred.

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 individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident. Discussion with staff confirmed that a person centred approach underpinned practice which included full consultation including seeking views and opinions, likes and dislikes from the resident before the care plan care was signed by all parties involved.

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 following each period of respite with weekend evaluation reports completed which sought the views of the resident at the end of their respite period. Further evidence of audit was contained within the monthly

monitoring visits reports and the annual quality report which consisted of seeking resident / staff views, review of care records, accidents / complaints and general environmental observation.

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 spoken with and observation of practice evidenced that staff communicated effectively with residents. Each resident is provided with a resident guide when commencing respite for the first time.

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.

Residents spoken with during the inspection made the following comments:

- "I really look forward to coming here as the staff are great, very friendly and approachable"
- "I can't think of anything that could be improved"

Six completed questionnaires were returned to RQIA. Respondents rated their level of satisfaction from "satisfied" to "very satisfied".

Areas for improvement

No areas for improvement were identified in relation to this domain.

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

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care with core values reflected in associated care policies / procedures.

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, pictorial information as required.

The registered manager confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected. For example, discussions relating to

personal matters were undertaken in private and care records securely stored and only shared with consent.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff and residents confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

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, residents’ meetings with the registered provider during monthly monitoring visits, weekend evaluation discussions / reports and annual reviews.

Discussion with staff and residents observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities during their weekend respite period. For example outings to local shopping centres, meals out and entertainment shows.

Six completed questionnaires were returned to RQIA; all respondents rated their level of satisfaction with this aspect of care as “very satisfied” to “satisfied”. No issues or concerns were recorded.

Areas for improvement

No areas for improvement were identified in relation to “is care compassionate” domain.

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 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 with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The manager confirmed that policies and procedures were systematically reviewed every three years or more frequently as changes occurred and that review of all policies and procedures was work in progress.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide. 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. No complaints were received since the previous inspection.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. 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. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice through training, for example, medication administration.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. The development of an annual quality assurance report was discussed with the manager who agreed to complete work in this regard.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A monthly monitoring visit was undertaken (when the home is open to accommodate residents) 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 to read.

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. Discussion with the registered provider identified that they had understanding of their role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the admissions and general running of the home through monthly management meetings.

The registered manager confirmed that the management and control of operations within the home was 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 governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) 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 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 and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns and they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home 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.

Six completed questionnaires were returned to RQIA; one from a resident's representative and one from a resident. The respondents rated their level of satisfaction with this aspect of care from "satisfied" to "very satisfied". No issues or concerns were recorded.

Staff who spoke with the inspector confirmed that the service was very well managed and that there was an "open door" approach of access to the manager. No issues or concerns were raised or indicated.

Areas for improvement

One area recommended for improvement was made in relation to the completion of the annual quality report.

Number of requirements	0	Number of recommendations	1
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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 Joanne Mc Donald, registered manager and Ann Woods registered provider, 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 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 to be 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 21.1 Stated: Second time To be completed by: 31 March 2017	<p>The registered provider should undertake a review of all policies retained to ensure copies of those listed within appendix 2 of The Residential Care Homes Minimum Standards (2011) are retained and available to staff.</p> <p>Response by registered provider detailing the actions taken: Review of all policies is currently underway to ensure that all those listed in the Residential Care Homes Minimum Standards(2011) are available to staff.</p>
Recommendation 2 Ref: Standard 21.5 Stated: First time To be completed by: 31 January 2017.	<p>The registered provider should include reference to the identified named safeguarding “Champion” for the home within the Adult Safeguarding Prevention Protection and Partnership policy.</p> <p>Response by registered provider detailing the actions taken: The identity of the safeguarding champion is referenced in the Adult Safeguarding Prevention, Protection Policy.</p>
Recommendation 3 Ref: Standard 20.12 Stated: First time To be completed by: 31 January 2016	<p>The registered provider should review and revise the annual quality report and include the methods used to determine the quality of care provided and any improvements made.</p> <p>Response by registered provider detailing the actions taken: The Annual Quality Report has been revised to include the methods used within Arbour House to determine the quality of care provided and also to include any improvements made.</p>
Recommendation 4 Ref: Standard 19.2 Stated: First time To be completed by: 31 January 2016	<p>The registered provider should ensure that one photocopy of a photograph identification is replaced within one staff recruitment file.</p> <p>Response by registered provider detailing the actions taken: The identified photograph has been replaced with a clearer copy.</p>

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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