

Unannounced Care Inspection Report 24 March 2017



Arbour House Residential Home

Type of service: Residential Care Home
Address: 16 Great George's Street South, Warrenpoint, BT34 3HR
Tel no: 028 4177 4181
Inspector: Priscilla Clayton

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Arbour House took place on 24 March 2017 from 18.00 to 20.00 hours.

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?

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.

No requirements or recommendations were made in relation to this domain.

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.

No requirements or recommendations were made in relation to this domain.

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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Joanne McDonald, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

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	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 home is only 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
- Correspondence

During the inspection the inspector met with one resident, the registered provider, registered manager and two staff care staff.

The following records were examined during the inspection:

- Staff duty rota
- Staff training schedule/records
- Staff recruitment file
- Two resident's care files

- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings / representatives' / other
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, et
- Programme of activities
- Policies and procedures manual

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

An inspection of the internal environment was undertaken.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18 February 2017

The most recent inspection of the home was an unannounced medicines management inspection. No requirements or recommendations were made following this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 18 November 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.1 Stated: Second time To be completed by: 31 March 2017	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.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that review of all policies/procedures was undertaken and where necessary policies developed or revised as necessary. A policy manual was available to staff.	

<p>Recommendation 2</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017.</p>	<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>Action taken as confirmed during the inspection: The registered manager had included the named champion within the revised safeguarding policy.</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 20.12</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2016</p>	<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>Action taken as confirmed during the inspection: Review of the annual quality report was undertaken. The report included information as recommended.</p>	Met
<p>Recommendation 4</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2016</p>	<p>The registered provider should ensure that one photocopy of a photograph identification is replaced within one staff recruitment file.</p> <p>Action taken as confirmed during the inspection: A replacement photograph was contained within the file referred to in this recommendation.</p>	Met

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.

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 and staff was undertaken at the previous inspection and no new staff have commenced employment, There was evidence that an induction programme was in place for any new staff if appointed which were relevant 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. A schedule for mandatory training was planned for 2017.

The registered manager explained that the registered provider would be in charge of the home if she was on leave or not available.

Discussion with the registered manager confirmed that no staff have been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

Enhanced AccessNI disclosures were retained by the registered manager for all staff prior to the commencement of employment.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff 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. 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 records and complaints records confirmed that no accidents/incidents had occurred or complaints received since the previous inspection.

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.

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 regularly, for example, COSHH and fire safety.

The registered manager confirmed that no equipment or medical devices were in use in the home.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Staff confirmed training was provided. 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.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's 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 nicely furnished and decorated. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal environment identified that the home was 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.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drill was provided twice yearly. 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. The fire risk assessment was dated 19 January 2017.

Four completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

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

- "The home is really well run and residents are very well cared for during their respite stay"
- "Plans for our outings during the respite period are discussed and agreed with residents"
- "The home is always well maintained, adequately heated and hazard free"

Areas for improvement

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

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

Discussion with the registered manager established that staff responded appropriately to and met the assessed needs of the residents who came for respite over weekends when the home is open.

A review of one care records confirmed that this was maintained in line with the legislation and standards. Records contained up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being 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. Care records reviewed were observed to be signed by the resident.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. The registered manager and staff confirmed that management operated an "open door" policy in regard to communication within the home.

One resident spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

Staff and the one resident accommodated at the time of inspection were satisfied that the care provided was effective.

Four completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas for improvement

No areas for improvement were identified during the inspection 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.

The registered manager and residents confirmed that consent was sought in relation to care and planned activity for the weekend respite period. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

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, residents and observation of practice 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 prior to admission for the weekend respite period the registered manager undertakes pre admission communication/discussion with the resident/representative regarding any matters or new issues arising which may impact on their weekend respite period.

Residents are consulted with, at each respite period about the quality of care and environment. The satisfaction survey for 2016/17 was work in progress. The registered manager confirmed that findings from the survey would be collated into a summary report distributed to residents and other interested parties to read. An action plan would be developed and implemented to address any issues identified.

Residents spoken with during the inspection made the following comments:

- “I really look forward to my respite as I really don’t get away from my home very much”
- “The staff are great, they make all the arrangement for us to go on an outing on Saturday and ask us where we prefer to go”
- “I love going to the shops and having a coffee”
- “The accommodation is really nice and staff are always happy and smiling”

Four completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas for improvement

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

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

The registered manager and registered provider were both present during the inspection. 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 registered manager confirmed that she was well supported by the registered provider, Ann Woods, who visits the home to undertake monitoring visits when the home is open, and provides supervision as required. At operational level support is provided by a team of volunteers many of whom have several years’ experience within this setting.

The needs of residents admitted for the two day weekend respite period were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA. Residents admitted were in the main independent and did not require personal physical assistance with daily living, rather support, guidance and supervision.

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. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

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 evidenced that none were received since the previous inspection. The registered manager had not undertaken an audit as no complaints were ever received.

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 records

confirmed that none had occurred since the previous care inspection. The registered manager had not undertaken an audit as no incidents had occurred.

There were quality assurance systems in place to drive quality improvement which included satisfaction surveys and discussions with service users on their experience on the last day of the two day respite period.

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. These were available and undertaken in accordance with 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 and registered manager 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 day to day running of the home through regular committee meetings and monitoring visits conducted.

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 responds to regulatory matters in a timely manner.

Review of policy and procedures and discussion with the registered manager and staff confirmed that any adult safeguarding issues arising would be managed appropriately and reflective learning take place.

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.

Four completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

One staff member recorded the following:

- "I have worked here for over six years and have a high opinion of the commitment and care of the committee members"

Areas for improvement

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

Number of requirements	0	Number of recommendations	0
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There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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