

# Announced Care Inspection Report 8 June 2018



## Arbour House

**Type of Service: Residential Care Home**

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

**Tel No: 028 4177 4181**

**Inspector: Priscilla Clayton**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Arbour House is a residential care home which opens on approximately fourteen selected weekends during the year to provide respite care for two residents with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Arbour House Management Committee  <b>Responsible Individual:</b> Anne Woods	<b>Registered Manager:</b> Joanne McDonald
<b>Person in charge at the time of inspection:</b> Joanne McDonald and Ann Woods	<b>Date manager registered:</b> 22 January 2014
<b>Categories of care:</b> Residential Care (RC)  LD – Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> Total number (2) comprising: RC – LD RC - LD (E)  1 places for day service

### 4.0 Inspection summary

An announced care inspection took place on 8 June 2018 from 17.30 to 19.30 hours.

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

The inspection assessed progress with any areas for improvement identified since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was 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. There was evidence of good governance arrangements including staff supervision, annual appraisal, audit, and staff training provided.

One satisfaction question returned to RQIA from a resident indicated that they were very satisfied that the care provided during their weekend respite period was safe, effective, compassionate and well led. Commentary included; “Staff at Arbour House are very good. We are well treated and looked after. They are all so friendly.”

One resident and their representative who met with the inspector during the inspection stated they were very satisfied that the care provided within Arbour House was safe, effective, compassionate and well led. No issues or concerns were raised or indicated.

This inspection resulted in no areas for improvement being identified.

The inspector wishes to thank the registered provider and registered manager for their warm welcome, assistance and co-operation throughout this inspection.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

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.

## 4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 23 February 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, responsible person one resident and one resident's representative.

An inspection of the environment was undertaken.

A total of ten satisfaction questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. One of the ten residents' satisfaction questionnaires issued was completed and returned to RQIA. No staff/volunteer questionnaires were returned to RQIA within the timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Two residents' care files
- The home's Statement of Purpose and Resident's Guide
- Complaints
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings/ representatives' meetings/ other
- Evaluation report from annual quality assurance survey

- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures relevant to the inspection

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 23 February 2018

The most recent inspection of the home was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 23 February 2018

There were no areas for improvements made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met.

The registered manager confirmed that all residents seeking weekend respite had a comprehensive pre admission assessment of their actual and potential needs to ensure that their identified needs could be safely met.

No concerns were raised regarding staffing levels during discussion with the registered manager, one resident present and their representative. A review of the duty rota confirmed that it accurately reflected the staff working within the home at the time of inspection.

A 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. The registered manager advised that no new volunteer staff had been appointed since the previous inspection.

Discussion with the registered manager confirmed that mandatory training, supervision and annual appraisal of staff were provided as required. Schedules and records of training and group supervision were retained.

The registered manager advised that no staff were recruited since the previous inspection; therefore staff files were not reviewed on this occasion.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. The registered manager advised that the appointment of any new staff member recruited was always in accordance with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager advised that Access NI enhanced disclosures was undertaken for all staff prior to the commencement of employment.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This 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. The role and function of the Adult Safeguarding Champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Discussion with the registered manager, review of two care records, accident/incident and complaints records confirmed that no safeguarding matters had arisen. The registered manager was aware of the procedure that all suspected, alleged or actual incidents of abuse were referred to the relevant persons and agencies for investigation in accordance with procedures and legislation alongside written records would be retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager advised there were no restrictive practices within the home. None was observed during the inspection.

There was an Infection Prevention and Control (IPC) policy and procedure which was in accordance with DoH regional guidelines. Examination of staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities.

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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available.

The registered manager reported that no outbreaks of infection had occurred within the last year and that any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA. Appropriate records would also be retained.

A general inspection of the home was undertaken and the two residents' bedrooms were found to be nicely decorated and furnished. The home was fresh-smelling, clean and organised.

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 manager advised that she would notify the appropriate authorities in regard to one large overgrown tree situated at the front of the home which was preventing natural light entering all front rooms of the home.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH) and fire safety.

The home had an up to date Legionella risk assessment which was dated 13 October 2014. Recommendations had been actioned. The registered manager advised that reassessment of Legionella risk was planned for this year.

It was established that no residents smoked.

The registered manager advised that no equipment or medical devices were in use in the home. However, a system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The registered manager and review of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date.

The home had an up to date fire risk assessment dated 4 January 2018. Two recommendations made had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed and records reviewed confirmed these were up to date. The records also included the 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. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

One resident and one resident's representative spoken with during the inspection made the following comment:

- "We feel that the care provided here is very safe and have no issues or concerns about anything."

One completed satisfaction questionnaire was returned to RQIA within the timescale. This respondent indicated they were very satisfied that the care provided within the home was safe.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, training, infection prevention and control and the home’s environment. No issues or concerns were raised by the resident and one representative present during inspection.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**  
**The right care, at the right time in the right place with the best outcome**

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

There was a records management policy which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR). A review of two care records confirmed that these were maintained in line with the legislation and standards. They included an up to date pre and post assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident.

The care records also reflected the residents’ health and social care needs and were found to be updated at each weekend period of respite to reflect the changing needs. 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 and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with the registered manager confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, planning of outings and activities; residents are consulted with their views and preferences taken into account.

A varied and nutritious diet is provided which meets the individual and recorded dietary needs and preferences of the residents over their weekend period of stay. The registered manager explained that meals were in the main provided at restaurants as residents go out on arranged outings each day.



The registered manager advised 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 care records, training, environment, fire safety, medications were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Evidence of audit was contained within the reports of monitoring visits undertaken by the registered provider when the home is open. The annual quality review report reflected audit of care records and feedback on resident/staff satisfaction. An annual quality report for 2017/18 was in place which reflected evidence of ongoing quality improvements such as redecoration of the home.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, care review, residents' meetings, staff meetings and staff shift handovers. In addition a summary report of events and care provided over the weekend is given to each resident to take home and share with their relative/representative if desired.

The registered manager advised that staff and resident meetings are held with minutes recorded.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports/latest RQIA inspection report/annual satisfaction survey report/Annual Quality Review report and resident meetings and discharge evaluation of the weekend respite stay.

The registered manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

One resident and their representative spoken with during the inspection made the following comments:

- "I think the care could not be any better."
- "We are very satisfied with how staff keeps us fully informed about everything."

One completed resident satisfaction questionnaire was returned to RQIA within the timescale. The respondent described their level of satisfaction with the effectiveness of care as "very satisfied."

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager advised 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.

The registered manager, one resident their representative advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. The registered manager described awareness of promoting residents' rights, independence, dignity and how confidentiality was protected. For example; listening and taking account of their preferences about what activity they wished to participate in, ensuring that discussions regarding their care is undertaken in private.

Discussion with the registered manager, one resident and their representative confirmed that residents' spiritual and cultural needs were met during their stay. This was further evidenced by the review of care records.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their care over the weekend period of stay.

Discussion with the registered manager, one resident, one representative and observation of practice confirmed that the resident's needs were recognised and responded to in a prompt and courteous manner by staff; the resident was listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example; the resident was encouraged and supported to actively participate in the arrangements for outings and activities over the weekend.

Residents were consulted about the quality of care and environment by way of a satisfaction survey conducted recently. The registered manager advised that the findings from the survey will be collated into a summary report and if necessary an action plan developed. A report would be made available to residents/representatives and other interested parties to read.

Discussion with the registered manager, one resident, representative, observation of care practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities and outings over the weekend. On the night of inspection one resident and the registered provider left the home to collect a second resident on their way to Belfast to attend "Shining Lights" a presentation of community volunteer awards ceremony, in which the home had been selected.

One resident and their representative spoken with during the inspection made the following comment:

- “Staff treats us with dignity and respect. They are really friendly.”

One completed resident questionnaire was returned to RQIA within the timescale. The respondent indicated they were very satisfied that the care provided was compassionate.

### Areas of good practice

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.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The registered manager outlined the management arrangements and governance systems in place within the home and stated that 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 registered manager stated that 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 Resident’s Guide and information on display in the home.

Review of the complaints records confirmed that no complaints had been received. The registered manager demonstrated knowledge on how to effectively manage complaints from residents, their representatives or any other interested party. Templates for the recording of complaints included sections for documenting details of any investigation undertaken, communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction.

The home had received many complimentary letters and cards from residents who had received respite care, relatives and representatives. These were retained in the home and shared with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. Records examined evidenced that no accidents or incidents had occurred since the previous inspection.

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

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. For example Northern Ireland Social Care Council (NISCC) and Department of Health (DoH) guidelines on various topics. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A visit by the registered provider 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, RQIA and any other interested parties to read.

There was a clear organisational structure. The registered manager confirmed that staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

The registered manager reported 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 employer's current liability insurance certificate were displayed.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

One resident and one representative spoken with during the inspection made the following comment:

- "The manager is friendly and welcoming."
- "We know how to contact the manager if we need to know anything."
- "We know how and who we can complain to if we were concerned or worried about anything."

One completed satisfaction questionnaire was returned to RQIA within the timescale. The respondent indicated they were very satisfied that the service provided was very well led.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, staffing, continuous quality improvement and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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