



Unannounced Care Inspection Report

18 May 2019



Arbour House

Type of Service: Residential Care Home

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

Tel no: 02841774181 or 02841752200

Inspector: Bronagh Duggan

www.rqia.org.uk

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

Arbour House is a registered residential care home which opens approximately 14 selected weekends during the year to provide care for up to two residents with learning disabilities.

3.0 Service details

Organisation/Registered Provider: Arbour House Management Committee Responsible Individual: Anne Woods	Registered Manager and date registered: Joanne McDonald 22 January 2014
Person in charge at the time of inspection: Joanne Mc Donald	Number of registered places: 2
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 2

4.0 Inspection summary

An unannounced inspection took place on 18 May 2019 from 09.30 hours to 12.30 hours.

The inspection assessed progress with any areas for improvement identified in the home since the last care inspection and 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 in relation to the culture and ethos of the home, supporting the individual needs and interests of residents, staff training, supervision and appraisal, communication with residents and representatives and maintaining good working relationships.

Residents described visits to the home in positive terms.

Comments received from residents and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Joanne Mc Donald, 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 inspection dated 1 December 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 1 December 2018. No further actions were required to be taken following the most recent inspection on 1 December 2018.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Four questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Three questionnaires were returned within the identified timescale. Respondents confirmed they were very satisfied with the care received.

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

- staff duty rotas from April to June 2019
- staff training records
- one staff recruitment record
- two staff induction records
- staff supervision information
- two residents' records of care
- statement of purpose
- residents guide
- complaint records
- minutes of staff meetings
- cleaning records
- accident/incident records
- a sample of reports of visits by the registered provider
- annual quality review report
- sample of policies and procedures
- fire safety risk assessment
- RQIA registration certificate

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 1 December 2018

No further actions were required to be taken following the most recent inspection on 1 December 2018.

6.2 Review of areas for improvement from the last care inspection dated 8 June 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 residents and clients from the care, treatment and support that is intended to help them.

The people who were accessing the service during the inspection said that they liked to visit and felt safe in the home. They said that there were always staff around to help them if they needed help, and that this included at night. The registered manager and staff on duty confirmed that staffing was safe and kept under review.

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties. The duty rota showed cover for days and night duty for the seven weekend periods when the home was open.

We could see that there were enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with a range of activities.

We looked at one staff file to make sure that staff were properly recruited and that all pre-employment checks had been made. Staff were properly vetted and suitable to work with the residents in the home.

We spoke with staff who told us that they had a good induction to working in the home. Staff confirmed that they felt well supported and enjoyed working in the home.

Review of records maintained in the home showed that staff had regular supervision. Staff had an assessment of their competency and capability completed to ensure that they can take

charge of the home. We looked at the training records available in the home, records showed that staff had completed mandatory training.

There was an adult safeguarding policy and procedure which was in keeping with current regional adult safeguarding guidance. The registered manager advised there was a safeguarding champion for the home and additional delegated or appointed persons. Discussion with the registered manager, review of two care records, accident and incident records and complaints records confirmed that no safeguarding matters had arisen. The registered manager was able to describe how safeguarding referrals would be made to trusts. Review of staff training records showed all staff had completed safeguarding training

We walked around the home and found it was warm, clean and tidy. The home was a domestic style two story building. We viewed the bedrooms, bathroom, kitchen, living room and other areas of the home. The registered manager advised there were plans in place to replace and improve the kitchen and bathroom in the home. Residents spoken with confirmed they found the rooms warm and comfortable.

There was a communal living room for the use of residents on the ground with space for activities and meetings on the first floor. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair. There were no restrictive practices observed in the home.

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.

There was an infection prevention and control (IPC) policy and procedure in place. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats. Staff advised there had been no outbreaks of infection within the last year.

Inspection of the internal 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.

The home had an up to date fire risk assessment in place dated 6 February 2019.

Review of staff training records confirmed that staff had completed fire safety training. Fire safety records identified that fire safety checks were completed on a weekly basis and were maintained on an up to date basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision, and infection prevention and control.

Areas for improvement

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

	Regulations	Standards
Total numb of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

We could see that the residents using the service were getting the right care and that the staff knew the residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

We reviewed two care records that included an up to date assessment of needs, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff 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, residents are supported to maintain individual interests. Activities and outings are planned according to the wishes and interests of residents for the duration of their stay.

Residents were supported with preferred meals; they were also supported to eat out during their stays. Residents' preferred foods were listed in care records reviewed.

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. Individual feedback is gathered from residents at the end of each stay, annual representative surveys were also completed and reflected representatives' views of the service. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

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, staff meetings and staff shift handovers. Minutes of staff meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff 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, and the annual quality review report were available.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews and communication between residents, staff and other key stakeholders.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents easily engaging with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff. A resident shared their views with regard to visiting the home: "I think it's a great place, I like coming here I love it. We go on holidays."

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. We also saw that the care records noted preferences such as what residents liked to do, food preferences, and things that were important to them. Staff told us that the residents' routines for the duration of their stay depended on what they wanted to do and that the staff took a flexible approach.

We could see that staff could communicate well with residents and kept them informed about what the plans were for each day. Staff told us about the wide range of activities available and how the activities were planned to meet the individual preferences of the residents who access the service. On the day of the inspection we saw that residents were preparing for a day out. Staff spoken with stated that residents were supported with a range of activities one staff member stated, "I love it here, it's great. I really enjoy coming here you forget about yourself everything is done to focus on the guests they enjoy going out for drives, meals, to the park, it's very important to them." Residents said that they enjoyed the activities on offer.

Staff shared how resident's visits to the home were recorded and captured in photographs and images with the residents input and consent. Records also included residents' personal views about what they did and enjoyed most about each stay. There was also a satisfaction survey

completed annually by residents' representatives which indicated all parties were very satisfied with the care, service and facilities provided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Staff in the home said that they got good support from their manager who was supportive and approachable. The registered manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

The registered manager described the opening arrangements for the home and the input from trustees. Information was shared with regards to the planning that goes into the opening periods ensuring duty cover, resident compatibility and equity for residents.

The registered manager advised systems were in place to ensure that staff are properly supported to do their jobs through providing regular supervision and training. The registered manager makes sure, too, that all of the systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

There was a complaints policy and procedure in place. We looked at the records of complaints since the last inspection; there had been none during this time period. The benefit of keeping compliments was discussed with the registered manager. There was a system in place for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. There had been no accidents or incidents since the previous inspection.

The registered manager and staff told us that there was training provided on regular basis. We looked at the training records and saw that staff had completed all relevant mandatory training. The registered manager advised that training was updated as necessary.

We reviewed records which showed that there were regular staff meetings and that information was shared with the staff team about any issues arising.

There was a clear management structure throughout the organisation. The home was visited by the registered provider each month and all aspects of the running of the home were reviewed, and evaluated. We looked at the reports of the visits in March and April 2019 the reports showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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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