

# Unannounced Care Inspection Report 23 February 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**

[www.rqia.org.uk](http://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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home which is registered with RQIA to accommodate a maximum of two residents with learning disabilities. Currently the service is provided on selected weekends during the year.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Arbour House Management Committee  <b>Responsible Individual:</b> Anne Wood	<b>Registered Manager:</b> Joanne McDonald
<b>Person in charge at the time of inspection:</b> Joanne McDonald	<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> Two

### 4.0 Inspection summary

An unannounced care inspection took place on 23 February 2018 from 17.00 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 during and 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 their views. There was also good practice found in relation to care records, audits and reviews, organised activities and social outings, communication between residents/representatives and staff and good team working.

Three satisfaction questionnaires were completed and returned to RQIA from residents / representatives within the timescale. Respondents indicated they were very satisfied that the care provided was safe, effective, compassionate and well led. No issues or concerns were raised.

No areas for improvement were identified during the inspection.

### 4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified. The outcome of the inspection was discussed with Ann Woods, responsible individual and Joanne McDonald, Registered Manager as part of the inspection process.

## 4.2 Action taken following the most recent premises inspection

No action was required to be taken following the most recent premises inspection on 19 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:

- Previous care inspection report
- Notifiable events (nil)
- Written and verbal communication since the previous care inspection

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

A total of ten satisfaction questionnaires were provided for distribution to residents/representatives and return to RQIA. Three questionnaires were returned within the timescale.

A poster containing information on how staff can access RQIA satisfaction questionnaires was provided. No staff questionnaires were returned to RQIA within the timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedule
- Staff training schedule/records
- One staff recruitment file
- Two resident's care files
- Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits/satisfaction survey
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Monthly monitoring report
- Individual written agreement
- Input from independent advocacy services
- Policies and procedures manual

An inspection of the internal environment of the home was undertaken.

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 premises inspection dated 19 February 2018.**

The most recent inspection of the home was an announced premises inspection. No areas for improvement were identified from this inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 24 March 2017**

There were no areas for improvements identified 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 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 one resident and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home over the weekend periods of residents' respite stay. Two residents were accommodated with one volunteer and one core volunteer on duty. One resident was present during the time of inspection; the second resident was expected later in the evening.

The registered manager and responsible person remained on duty throughout the inspection.

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

Discussion with staff confirmed that mandatory training, supervision and appraisal was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained.

The registered manager and staff 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 completed and retained.

Review of the recruitment and selection policy and procedure confirmed compliance with current legislation and minimum care standards. Discussion with the registered manager and review of one staff's personnel file confirmed that care volunteer staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

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 in line with best practice.

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. The registered manager confirmed that staff were aware of the new procedures.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures 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, care records and complaints records confirmed that no allegations of abuse, accidents/incidents had occurred and no complaints about the service were received. The registered manager confirmed that all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation with written records retained.

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.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this 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 confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

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 on a regular basis.

The registered manager advised 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. 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 hand towels.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

Inspection of the internal 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 fire risk assessment and associated fire records were examined by the RQIA premises inspector during the inspection of the premises undertaken on 19 February 2018. No areas for improvement were identified.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were also completed. Records were retained of staff who participated and any learning outcomes.

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

- "We are well supported and the care provided is always of a good standard."
- "Residents needs are met and always seek to ensure that their weekend stay is enjoyable."
- "We receive a good range of training and induction when new staff commence."

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

- "I really look forward to coming to Arbour as we always have a good time."
- "Our rooms are lovely and the volunteers are really good people."

Two satisfaction questionnaires were completed and returned to RQIA from residents/representatives. Respondents indicated they were "very satisfied" that the care provided was safe.

### **Areas of good practice**

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.

## 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 responded appropriately to and could meet the assessed needs of the residents admitted for weekend respite.

The registered manager explained that the home's philosophy of care was to provide a home away from home for adults with a learning disability and to support families by providing respite for them. The staff aims to provide a supportive environment where residents can develop their independence in an environment where they are treated with dignity and respect at all times.

A review of two 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. Records of health and well-being of the resident were retained. On discharge a summary of the weekend care and activity was provided for the resident to share with their relative/representative.

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/representative. Discussion with staff confirmed that a person centred approach underpinned practice. For example the resident's views, choice and preference are always acknowledged.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals.

The annual resident satisfaction survey was a work in progress. The registered manager advised that the outcome and any identified areas for improvement would be included within an annual report. Improvement made from the last care inspection included revision of the weekend duty tasks and environmental improvements. Further evidence of audit was contained within the monitoring visits conducted by the responsible person.

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, discussions with residents, 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. At the end of the respite weekend each resident is provided with a record of the daily activity undertaken which they may share with their representatives.



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

Staff spoken with during the inspection advised that the respite weekend period provided encourages and supports residents to be more independent and that the overall provision of care was of a high standard.

One resident spoken with advised that they always had a say in what takes place over the weekend and that the staff were always available.

Two completed questionnaires were returned to RQIA from a residents/representatives. Respondents indicated they were “very satisfied” that the care provided was effective.

### Areas of good practice

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

### 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.**

The registered manager and staff confirmed that 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. Discussion with staff confirmed that residents’ spiritual and cultural needs were met during their weekend stay. For example residents are facilitated to attend the religious service of their choice.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their care. For example service user guide and person centred care plans.

The registered manager, staff and one resident confirmed that consent was always sought in relation to any care provided. Discussion with one resident and observation of care and social interactions demonstrated that the resident present during the inspection was treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and was able to demonstrate how residents’ confidentiality was protected.

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

Discussion with staff and one resident 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; resident discussions regarding planned activity for the weekend, annual reviews and visits by the registered person.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and shared with them at arranged meetings. An action plan was developed and implemented to address any issues identified.

Discussion with staff one resident, observation of practice and review of two care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example, residents are consulted on what they would like to do over the weekend; cinema, theatre, shopping trips, local attractions and visits to cafes and restaurants.

One resident who spoke with the inspector commented that "staff always treated them very well and that they consulted them in what they would like to do and where they would like to visit".

Two completed questionnaires were returned to RQIA from residents/representatives. Respondents indicated that 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.

	<b>Regulations</b>	<b>Standards</b>
<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. 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.

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 persons 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 meetings.

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 viewed were noted to be 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.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. No complaints had been received since the previous care 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 and discussion with the registered manager confirmed that none had occurred. The registered manager demonstrated knowledge of the requirement to notify RQIA of accidents/incidents occurring.

There were quality assurance systems in place to drive continuous quality improvement which included monitoring visits by the responsible person, regular audits and annual satisfaction survey.

A monitoring visit was undertaken when the home is open 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.

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 current RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues arising would be managed appropriately and that reflective learning would take place. The registered manager confirmed that no adult safeguarding issues had occurred since the previous inspection.

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 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.

Staff spoken with during the inspection made the following comments:

- “We feel well supported by the manager and have received a wide range of training including adult safeguarding.”
- “We can contact the manager at any time and have a work mobile telephone with all contact numbers.”

One resident commented; “the home was well managed and the manager always checks to see they were keeping well and having a good time”.

Two completed questionnaires were returned to RQIA from a residents/representatives. Respondents indicated they were “very unsatisfied” that the care provided was well led.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation quality improvement, provision of staff training, supervision, appraisals 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.



The **Regulation** and  
**Quality Improvement**  
**Authority**

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9051 7500

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)