

Unannounced Care Inspection Report 20 June 2017



Hebron House

Type of Service: Residential Care Home
Address: 84-86 Main Street, Markethill, BT60 1PL
Tel No: 028 3755 1357
Inspector: John McAuley

www.rqia.org.uk

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 with 21 beds that provides care for residents within the category of care detailed in its certificate of registration.

3.0 Service details

Organisation/Registered Provider: Mildred Jean Wylie and Norman Wylie	Registered Manager: Mildred Jean Wylie
Person in charge at the time of inspection: Mary Flack, senior care assistant. Stanley Kingsmill, governance lead joined the inspection at 12:15	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) MP - Mental disorder excluding learning disability or dementia LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 21

4.0 Inspection summary

An unannounced care inspection took place on 20 June 2017 from 10:15 to 13:30 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 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 in relation to governance arrangements, management of incidents, training and supervision. There was good maintenance of working relationships. General observations of care practices and atmosphere in the home found this to be homely relaxed and well organised.

One area of improvement was identified during the inspection. This was in relation to repairing the locking mechanism of a toilet door.

Feedback from the residents in the home at the time of this inspection was all positive in regard to their life in the home, their relationship with staff, the provision of meals and the provision of activities and events.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Stanley Kingsmill, governance lead, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection management

No further actions were required to be taken following the most recent inspection on 25 April 2017.

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 reports and accident and incident notifications.

During the inspection the inspector met with five residents, four staff and the governance lead.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Staff recruitment file(s)
- Three residents' care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control register/associated records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings/representatives' / other
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Input from independent advocacy services
- Programme of activities
- Policies and procedures manual

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 25 April 2017

The most recent inspection of the home was an unannounced medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 17 January 2017

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 senior care assistant in charge 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 staff.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with 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 of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was inspected during the inspection.

A competency and capability assessment was undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. Discussion with the senior care assistant confirmed no staff have been recruited since the previous inspection, therefore personnel records were not inspected on this occasion.

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

Arrangements were in place to monitor the registration status of staff with their professional body.

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 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. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the staff, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The governance lead confirmed there were risk management procedures in place relating to the safety of individual residents.

Discussion with staff identified that the home did not accommodate any individuals whose assessed needs could not be met.

On the day of this inspection no obvious restrictive practices were observed.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The home's infection prevention and control (IPC) policy and procedure 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, alcohol hand gels 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.

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

The home was clean and tidy with a good standard of décor and furnishings being maintained. The sample of residents’ bedrooms viewed were tastefully furnished and personalised with photographs, memorabilia and personal items. The communal sitting lounges and dining room was comfortable and nicely facilitated. An area of improvement was identified in one toilet that had no locking mechanism in place to ensure privacy.

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.

Risk assessments and action plans were in place to reduce risk where possible. An inspection of these assessments found them to be maintained on an up-to-date basis.

The home had an up to date fire risk assessment in place dated December 2016. The one recommendation from this assessment was reported to have been addressed.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. 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 on a regular and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training and supervision.

Areas for improvement

One area of improvement was identified during the inspection. This was in relation to repairing the locking mechanism of a toilet door.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Discussion with the senior care assistant established that staff in the home responded appropriately to and met the assessed needs of the residents.

An inspection of three residents’ care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments, for example nutrition, falls and manual handling were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident.

Discussion with staff confirmed that a person centred approach underpinned practice. This was reflected in staff knowledge and understanding of individual residents' needs and prescribed care.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Records were stored safely and securely in line with data protection.

The governance lead confirmed 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 risk assessments, care plans, care reviews, accidents and incidents were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

Staff confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Staff also confirmed that management operated an open door policy in regard to communication within the home.

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

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in respect of this domain 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.

The inspector met with the five residents in the home at the time of this inspection. Five other residents were in attendance at their day care placements, one resident was in hospital and the other two residents were on holiday with some residents from the sister home, with the registered manager and two other staff.

Some of the comments made by residents included statements such as;

- “This place is brilliant. I love it here”
- “I am very happy here. We all get all well and I love the staff”
- “No problems at all”

Discussions with staff in the home confirmed that they promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. For example, the cook asked residents what they would like for their evening meal which was observed to be facilitated in a kind caring manner with good provisions of actual choice being catered for.

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

Inspection of care records confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. Issues of assessed need in residents’ progress records had a statement of care / treatment given with effect(s) of same.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. This included care records and quality assurance questionnaires.

Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Interactions with residents were found to be polite, friendly, warm and supportive. A nice relaxed atmosphere was in place with a good rapport evident between staff and residents. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected. For example staff showed sensitivity and respect when discussing issues of resident care by ensuring this was done with privacy.

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

Discussion with residents, staff 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. These included residents' meetings, care reviews and day to day contact with management.

Residents are consulted with, at least annually, about the quality of care and environment. An action plan is developed and implemented to address any issues identified.

Discussion with residents, staff and observation of practice confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents and staff and general observations of care practices and atmosphere in the home.

Areas for improvement

No areas for improvement were identified in respect of this domain 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

The governance lead confirmed 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.

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, displayed information on how to complain and residents' meetings.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

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

Discussion with the governance lead confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit 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, trust representatives and RQIA to read. Inspection of the last three months' reports found these to be maintained satisfactorily.

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.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed and the employers' liability insurance certificate was ready for display.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The governance lead confirmed that staff could also access line management to raise concerns and that support will be duly given.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Stanley Kingsmill, the governance lead, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Care.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

Area for improvement 1 Ref: Standard E 32 Stated: First time To be completed by: 27 June 2017	The registered person shall make good the locking mechanism to the identified toilet door. Ref: 6.4
	Response by registered person detailing the actions taken: Locking mechanism repaired

Please ensure this document is completed in full and returned Care.Team@rqia.org.uk from the authorised email address



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