

# Unannounced Care Inspection Report

## 28 June 2016



## Hebron House

Type of Service: Residential Care Home

Address: 84-86 Main Street, Markethill, BT60 1PL

Tel No: 02837551357

Inspector: John McAuley

## 1.0 Summary

An unannounced inspection of Hebron House took place on 28 June 2016 from 11:00 to 14:50 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were two areas of improvement identified with this domain. One recommendation was made to ensure that Access NI information was stored in accordance with Access NI's code of practice. The other recommendation was to ensure that one of the two references obtained for an applicant was from their present or most recent employer.

There were examples of good practice found throughout this inspection in relation to the governance lead's knowledge and development with the safeguarding champion role in the home.

### Is care effective?

No areas of improvement were identified within this domain. There were examples of good practice found throughout the inspection in relation to staff's knowledge and understanding of residents' needs.

### Is care compassionate?

No areas of improvement were identified within this domain. There were examples of good practice found throughout the inspection in relation to how staff interacted with residents in a meaningful manner which added to their social activity.

### Is the service well led?

No areas of improvement were identified within this domain. There were examples of good practice found throughout the inspection in relation to discussions with two residents on the issue of making a complaint. They confirmed that they felt comfortable on how to complain and that they felt that this would be appropriately dealt with.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mildred Wylie, Registered Manager and Stanley Kingsmill, Governance Lead, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent type e.g. care inspection

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

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Mildred Jean Wylie	<b>Registered manager:</b> Mildred Jean Wylie
<b>Person in charge of the home at the time of inspection:</b> Mary Flack senior care assistant then Stanley Kingsmill from 11:30 hours	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> MP - Mental disorder excluding learning disability or dementia LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 21
<b>Weekly tariffs at time of inspection:</b> £494	<b>Number of residents accommodated at the time of inspection:</b> 10 plus two residents at day care placement and one resident out at a social activity

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan (QIP) and the accident/incident notifications.

During the inspection the inspector met with ten residents, one visiting relative, four staff members of various grades and the registered manager.

Six resident views, six representative views and ten staff views questionnaires were left in the home for completion and return to RQIA.

The following records were examined during the inspection:

- Three residents' care records
- Residents' progress records
- Record of an induction programme
- A competency and capability assessment
- Mandatory training records
- Policy on adult safeguarding
- Fire safety records
- Records of audits
- Record of complaints
- Policies in the home
- Accident and incidents records
- Three staff members' recruitment records
- Monitoring reports

#### **4.0 The inspection**

##### **4.1 Review of requirements and recommendations from the most recent inspection dated 8 March 2016**

The most recent inspection of the home was an unannounced care inspection. There were no requirements or recommendations made as a result of that inspection.

##### **4.2 Review of requirements and recommendations from the last care inspection dated 8 March 2016**

No requirements or recommendations were made as a result of this previous inspection.

#### **4.3 Is care safe?**

The governance lead confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents or staff.

On the day of inspection the following staff were on duty –

- 1 x governance lead from 11:30 hours
- 1 x senior care assistant
- 1 x care assistant
- 1 x cook
- 2 x domestic
- The registered manager was also in attendance from midday. There was also a senior care assistant out with a resident on social activity from the onset on this inspection

These staffing levels were found to be appropriate to meet the assessed needs of residents, taking account of the size and layout of the home and fire safety requirements.

Inspection of two completed induction records and discussion with the governance lead 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 was regularly provided. A matrix was in place that listed the dates of mandatory training received by staff. An inspection of this document found that mandatory training for staff was being maintained on an up to date basis.

A competency and capability assessment was in place for any member of staff with the responsibility of being in charge in the absence of the registered manager. One assessment was inspected and found to be satisfactory.

Discussion with the governance lead confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Three recently recruited staff members' recruitment records were inspected. These records were found to be maintained in an organised manner and in accordance with legislation. Two areas of improvement were identified. One related to the storage of Access NI information which was not maintained in accordance with DHSSPS guidelines. The other related to one staff member who did not have a reference from the present or most recent employer but had two professional personal references instead. Two recommendations were made to address these issues.

The governance lead had arrangements in place to monitor the registration status of staff with their professional body.

An adult safeguarding policy and procedure was in place. This included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The policy and procedure also included the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home. Discussions with the governance lead confirmed that a safeguarding champion was established and plans were in place to proceed with this role. For example, he had recently sought enhance training to facilitate this role. The registered manager was knowledgeable and had a good understanding of adult safeguarding principles. Staff had received their update training in safeguarding on April 2016.

Staff were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

Discussion with management and staff, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

A general inspection of the home was undertaken which found the home clean and tidy with a good standard of décor and furnishings being maintained. There were areas of the home being repainted.

There were no obvious hazards to the health and safety of residents, visitors or staff.

Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap and disposable towels wherever care was delivered.

The governance lead confirmed that 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 needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained from the multi-disciplinary team, prior to admission of residents to the home.

Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

There was observed to be no obvious restrictive care practices in place.

The home's most recent fire safety risk assessment was dated September 2015. No recommendations were made as result of that assessment.

Review of staff training records confirmed that staff completed fire safety training on April 2016. Fire safety records identified that there were weekly checks in place for fire alarm systems.

### Areas for improvement

There were two areas of improvement identified with this domain. One recommendation was made to ensure that Access NI information was stored in accordance with Access NI's code of practice. The other recommendation was to ensure that one of the two references obtained for an applicant was from their present or most recent employer.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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### 4.4 Is care effective?

Discussion with the governance lead established that the 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. The care records included 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 records were updated regularly to reflect the changing needs of the resident.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussions with one visiting relative also confirmed this.

Discussion with staff confirmed that a person centred approach underpinned practice. For example discussions with the cook evidenced good knowledge and understanding of residents' dietary needs, likes and dislikes, and how these were met on an individualised basis. This is to be commended.

The three care records reflected multi-professional input into the residents' health and social care needs. This was recorded on both the daily notes and a medical record sheet.

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. For example, the governance lead confirmed that audits were undertaken of care records and an audit is completed of each incident in the home. This information adds to the governance arrangements in place by the registered manager and any areas of improvement are acted upon accordingly.

The governance lead confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home. This was also observed to be in practice.

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

Minutes of resident and/or their representative meetings were available for inspection.

### Areas for improvement

No areas of improvement were identified within this domain.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff confirmed that residents' spiritual and cultural needs were met. One resident was attending church at the time of this inspection.

The inspector met with ten residents at the time of this inspection. In accordance with their capabilities all spoke and indicated that they were happy with their life in the home, their relationship with staff and the provision of meals and the provision of activities. Some of the comments made included statements such as;

- "I love it here. I am just back from a great holiday. I loved it very much"
- "The staff are all very kind"
- "They are all very good to me"
- "I am very happy here"

Observation of interactions found that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff, residents, and one visiting relative confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents were watching television, resting or enjoying the company of one another. Two residents were out at day care placements, one resident was out at a social activity, with a staff member and another resident went out during the inspection to a church service. Staff were also observed to interact with residents in a meaningful manner which added to their social activity. For example, the cook engaged three residents in light kitchen duties which residents were found to benefit from.

Arrangements were in place for residents to maintain links with their friends, families and wider community. Two residents were keen to describe recent events in the community that they had attended and enjoyed.

An appetising dinner time meal was provided for in a nicely appointed dining room.

Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. The one visiting relative spoken with praised the staff in the home and all the care provided to their relative.

There were systems in place to ensure that the views and opinions of residents were sought and taken into account in all matters affecting them. A record of residents meetings was available for inspection.

### Areas for improvement

No areas of improvement were identified within this domain.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

A range of policies and procedures were in place to guide and inform staff.

Residents and their representatives were made aware of the process of how to make a complaint by way of a poster which outlined the complaints procedure. Information was also available in a format to meet residents' needs on how to complain. Discussions with two residents on this issue found that they felt comfortable on how to complain and that they felt that this would be appropriately dealt with. Inspection of the complaints records established that there were arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. Arrangements were in place to share information about complaints and compliments with staff. Records of compliments were also retained.



A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Learning from accidents and incidents was disseminated to staff through discussion at staff meetings.

Reports of the registered provider visits were maintained on an up to date basis. The reports for June and May were inspected. These were maintained in an informative basis.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure.

Staff spoken with confirmed that they were familiar with management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were aware of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Discussions with the registered manager found that she was knowledgeable about her role, legislation and standards.

Inspection of the premises confirmed that the home's RQIA certificate of registration was displayed.

The registered manager confirmed that staff could access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

### Areas for improvement

No areas of improvement were identified within this domain.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mildred Wylie, Registered Manager and Stanley Kingsmill, Governance Lead, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [Care.Team@rqia.org.uk](mailto:Care.Team@rqia.org.uk) by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<b>Recommendation 1</b>  <b>Ref:</b> Standard 19.3  <b>Stated:</b> First time  <b>To be completed by:</b> 28 July 2016	The registered provider should ensure that records relating to staff Access NI confirmation are stored in accordance with Access NI's Code of Practice.
<b>Recommendation 2</b>  <b>Ref:</b> Standard 19.2  <b>Stated:</b> First/ time  <b>To be completed by:</b> 28 July 2016	<b>Response by registered provider detailing the actions taken:</b> Records relating to staff Access NI are stored in accordance with Code of Practice  The registered provider should ensure that one of the two references obtained for an applicant is from their present or most recent employer.  <b>Response by registered provider detailing the actions taken:</b> References will be sought from either present or most recent employer



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