

Unannounced Care Inspection Report 22 February 2017



Crozier House

Type of service: Residential Care Home
Address: Meeting House Road, Banbridge, BT32 3ER
Tel no: 028 4066 2734
Inspector: Priscilla Clayton

1.0 Summary

An unannounced care inspection of Crozier House Residential Home took place on 22 February 2017 from 10:00 to 18:10 hours.

The inspection sought to assess progress with any issues raised during and since the care last and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice from the positive feedback from residents, staff and relatives who spoke with the inspector and within records relating to staff training, supervision and appraisal, infection prevention and control, risk management and improvements made to the internal environment.

Areas for improvement were identified in relation to this domain included: undertaking of competency and capability assessments (restated for a second time) and review and revision of the adult safeguarding policy (restated for a second time). Staff training in adult safeguarding relating to the Department of Health policy titled Prevention, Protection in Partnership was recommended.

Is care effective?

There were examples of good practice found during the inspection in relation to communication between residents and staff. Positive feedback was also received from residents, staff and two relatives who met with the inspector.

Areas for improvement included the requirement to develop and provide care plans for residents admitted under the intermediate care scheme, signing of one permanent resident's care plan and audit of care records, accidents and incidents and complaints.

Is care compassionate?

There were examples of good practice found during 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. This is to be commended.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found during the inspection in relation to the positive feedback from residents, staff and relatives. Records including management of complaints and accidents /incidents, monthly monitoring reports and staff meetings were in place. There was evidence of effective team working both within the care team and wider multi-professional team.

No specific areas for improvement were identified in relation to this domain. However, in total two requirements, one restated for a second time from the previous inspection, and four recommendations, two of which were restated for a second time, were made.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Iris Crumie, registered manager, 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 finance inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 24 November 2016.

2.0 Service details

Registered organization /registered person: Southern Health and Social Care Trust	Registered manager: Iris Crumie
Person in charge of the home at the time of inspection: Martine McConville, day care worker, until 14.00 hours. Iris Crumie from 14.00	Date manager registered: 9 September 2013
Categories of care: I - Old age not falling within any other category DE – Dementia	Number of registered places: 27

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous report and QIP
- Notifications
- Correspondence

During the inspection the inspector met with twelve residents, four care staff, two visiting professionals and two resident's visitors.

The following records were examined during the inspection:

- Statement of Purpose
- RQIA registration certificate
- Staff duty rota
- Sample of competency and capability assessments
- Staff training schedule/records
- Four resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audit of environmental cleanliness
- Monthly monitoring reports
- Individual written agreement
- Policies and procedures relevant to inspection

A total of fifteen questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Five questionnaires were returned within the requested timescale.

An inspection of the internal environment was undertaken.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 08 June 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned by the manager and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 08 June 16

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 29 (5) Stated: Second time To be completed by: 30 June 2016	The registered person shall maintain a copy of each monthly report in the home and make it available on request to RQIA, resident or representative and HSS Trust personnel. Action taken as confirmed during the inspection: Reports of monthly monitoring visits undertaken were in place and available for inspection.	Met

<p>Requirement 2</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>The registered person shall ensure that a competency and capability assessment is undertaken for any staff member who is given responsibility of being in charge of the home for any period of time in her absence.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The manager explained that the development of a template was work in progress and when available assessments would be undertaken.</p> <p>This requirement is stated for a second time within this report.</p>	<p>Not Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 30 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 8 June 2016</p>	<p>The registered person shall ensure that notification of any outbreak of infection in the home is made to RQIA without delay and confirmed in writing within three working days of occurrence.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>No further outbreaks of infection had occurred. The registered manager and senior care staff demonstrated awareness of the requirement to notify RQIA in accordance with regulation 30.</p>	<p>Met</p>
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered person should ensure that policies and procedures are subject to three yearly reviews. Policies observed to be outside of this timescale included:</p> <ul style="list-style-type: none"> • Staff Induction • Adult safeguarding. (including new regional policy and identification of a safeguarding champion.) • Whistleblowing <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Review of the three policies confirmed that two had been reviewed. The registered manager explained that the development of a corporate policy on adult safeguarding was work in progress. This recommendation is stated for a second time within this report.</p>	<p>Partially Met</p>

<p>Recommendation 2</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered manager should enhance the current quality assurance methods through the reintroduction of resident representative satisfaction surveys, audit of care records (including care plans and reviews) environmental cleanliness and accidents/incidents.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>An environmental cleanliness audit was conducted as recommended.</p> <p>The registered manager explained that the development of a template for the residents' satisfaction questionnaire was work in progress. This work was expected to be completed by April 2017.</p> <p>Audits of care records, accidents / incidents have not taken place as recommended.</p> <p>This recommendation is stated for the second time within this report.</p>	<p>Partially Met</p>
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4.3 Is care safe?

The registered manager confirmed the staffing levels for the home were satisfactory and that these were subject to regular review to ensure the assessed needs of the residents were met. Additional bank staff can be commissioned as required. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. The duty roster accurately reflected staffing levels within the home at the time of inspection.

Review of completed 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 and a review of returned staff satisfaction questionnaires confirmed that mandatory training, staff supervision and appraisal were regularly provided. Records of staff mandatory training, annual staff appraisals and supervision were maintained.

The registered manager explained that the development of a competency and capability assessment template for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager was work in progress and that assessment would take place when this work was completed. This requirement has been stated for a second time.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21(1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

The registered manager confirmed that work was in progress to review and revise the Adult Safeguarding Policy/Procedure to ensure this was in keeping with Department of Health (DOH) regional policy. The identification of a safeguarding champion and staff training would be provided in this regard. One recommendation to review and revise this policy/procedure made at the previous inspection was stated for a second time. The provision of staff training in the revised policy/procedure was also recommended.

The registered manager confirmed that there were no active safeguarding issues ongoing.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. For example; moving and handling, falls, nutrition and dysphasia. Discussion with the registered manager identified that the home did not accommodate any residents 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.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed. However, the registered manager explained that the installation of a key pad system was planned in order to minimise an identified security risk which occurred recently. The registered manager confirmed that this measure was agreed by her line manager and the multi-professional team. Residents who are not deemed to be at risk of wandering will be given the code so that they can come and go as they wish.

The registered manager reported that there had been no further outbreaks of infection since the previous notification to RQIA and that any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken. Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items displayed. The home was fresh smelling, clean and appropriately heated throughout. Redecoration of several areas has taken place since the previous inspection. This work has greatly enhanced the ambience of the home; new flooring in several bedrooms, corridors painted, and new window blinds throughout. A revamp of the sluice room, provision of new dining room tables and the office repainted. These improvements are to be commended.

Work has commenced at the front entrance to the home where a new car park for visitors was work in progress. Visitors and residents confirmed that they were in no way inconvenienced by the building contractors who were undertaking this work at the time of inspection. Two residents explained that they really enjoyed watching the men working and seeing how progress was made each day.

Care staff spoken with during the inspection commented:

- "The care provided was good and that mandatory training was provided"
- "We get good support from the manager who operates an open door and the occupational therapist and physiotherapist are always helpful"
- "Staff handover at change of shifts is provided so that all information is communicated"
- "We can be really busy sometimes especially in the late evenings when hospital discharges and admissions sometime take place with short notice"

Five completed questionnaires were returned to RQIA from residents, resident's representatives and staff.

Comments made by two relatives were as follows:

- "The care provided here is second to none"
- "I am always made to feel welcome and can leave the home feeling that my relative is well looked after and safe".
- "Staff are always visible and they always see to anyone who calls for assistance"
- "A nice friendly atmosphere and I am kept informed and asked if I am satisfied with the care"

Respondents described their level of satisfaction within the domain of safe care as "very satisfied".

Areas for improvement

Areas for improvement identified in relation to this domain included: undertaking of competency and capability assessments (stated for a second time), review and revision of the adult safeguarding policy (stated for a second time). Staff refresher training in the new policy/procedure was recommended.

Number of requirements	1	Number of recommendations	2
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4.4 Is care effective?

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

A review of three intermediate care and one permanent resident's care record was undertaken. Three intermediate care resident care records reviewed contained individual needs assessment undertaken by multi-professional staff including nursing, social work, occupational therapy and physiotherapy. All of this detail was recorded within individual professional assessment templates. However, there was no central care plan reflecting the identified actual or potential needs, objectives and interventions necessary to ensure care staff are aware of and providing care to meet the needs identified for these residents.

The registered manager explained that all other permanent residents had care plans in place however, due to the high throughput of intermediate care residents the development of individual care plans was not possible for care staff to undertake. The registered manager also explained that frequently the planned admission time of residents through the intermediate care scheme is not adhered to with the admission were off duty. This matter should be discussed with the registered the admission taking place later in the evening when the planned additional staff who were on duty to deal with registered manager's line manager who undertakes supervision and monthly monitoring visits on behalf of the registered provider.

One requirement was made in regard to the provision of holistic individualised care plans for residents admitted in accordance with regulation 16 (1) and Standard 6 of the Residential Care Homes Minimum Standards (2011). The care plan of one permanent resident was not signed by the resident, staff member or registered manager. One recommendation was made in this regard.

Discussion with the registered manager took place on the arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. The registered manager explained that the development of a template for audit was work in progress and when completed audit would take place. Audits including, risk assessments, needs assessments, care plans and care review was recommended.

The undertaking of audits of accidents and incidents (including falls, outbreaks) and complaints was discussed with the registered manager as these had not been established so that trends and patterns could be identified and action taken and recorded as necessary. The registered manager explained that accidents were recorded in the electronic datix system and that her line manager and the trust governance team monitored this data. In addition accidents/incidents and complaints were monitored monthly by the line manager on behalf of the registered provider.

One recommendation was made in regard to the undertaking audits of accidents/incidents and complaints and where necessary action plans developed and recorded to reflect any trends/patterns and lessons learned. One incident notification and the associated investigation record was discussed with the registered manager alongside action taken, lessons learned and measures put in place to minimise recurrence.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included for example: pre-admission information, multi-professional team reviews, residents' and staff meetings and staff shift handovers. Relatives, residents and staff confirmed that the registered manager operated an "open door" policy in regard to communication within the home and she was very receptive of any comments and suggestions in respect of residents care.

Residents and two relatives spoken with and observation of practice evidenced that staff communicated effectively with residents, their representatives and other key stakeholders.

Minutes of resident meetings and staff meetings were observed to be in place.

Staff/residents/residents relatives spoken with during the inspection confirmed that they were satisfied that the care provided was effective.

Five questionnaires from staff were completed and returned to RQIA. All respondents described their level of satisfaction with this aspect of care as very satisfied. However two staff respondents commented there was "lack of information on admissions from outside providers".

Areas for improvement

Areas for improvement included the requirement to develop and provide care plans for residents admitted under the intermediate care scheme, signing of one permanent resident's care plan and undertaking audits of care records, accidents and incidents and complaints.

Number of requirements	1	Number of recommendations	2
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and two relatives confirmed that residents' spiritual and cultural needs were met within the home.

The registered manager, residents and relatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their relatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

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; residents' meetings, monthly monitoring visits/reports and annual care reviews.

Discussion with staff, residents, and two relatives, observation of practice and review of care records 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 through open visiting, outings, postal and telephone communications.

Five questionnaires were completed and returned to RQIA. All respondents indicated their level of satisfaction with this aspect of care as "very satisfied".

Areas for improvement

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

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements, governance systems in place and confirmed that needs of residents were met in accordance with the home's statement of purpose. The registered manager confirmed that residents admitted were in keeping with the categories of care for which the home was registered with RQIA.

A range of policies and procedures were held electronically with several held in hard copy format. Policies were centrally indexed and retained in a manner which was easily accessible to staff. One recommendation was made in regard to policy/procedure review and revision of adult safeguarding as stated within section 4.3 of this report.

There was a complaints policy and procedure in place which was in accordance with the legislation and DOH guidance on complaints handling. Residents and their representatives were made aware of how to make a complaint by way of the Residents Guide. Staff demonstrated knowledge about how to receive and deal with complaints.

Review 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, 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 through staff meetings. The undertaking of audits of complaints was recommended as stated within section 4.4 of this report.

There were accident/incident/notifiable events policies and procedures in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these had been effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Regular audit of accidents and incidents was recommended, as reflected within section 4.4 of this report, so that trends and patterns can be identified and learning disseminated to all relevant parties with action plans developed to improve practice.

Monthly monitoring visits were undertaken on behalf of the registered provider as required under Regulation 29 of the Residential Care Homes Regulations (Northern Ireland) 2005; reports were produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

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

The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home by senior management and through supervision and regular managers' meetings provided by her line manager.

The home had a whistleblowing policy and procedure. Discussion with staff established that they were knowledgeable of the procedure.

Discussion with staff confirmed that there were good working relationships within the home and that the registered manager was 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 effective working relationships with internal and external stakeholders.

Staff, residents and relatives spoken with during the inspection provided positive feedback that the service was well led.

Five questionnaires were completed and returned to RQIA. All respondents described their level of satisfaction with this aspect of the service as "very satisfied".

One comment made included:

- “Positive changes made to the home, as driven by the manager, Mrs Cromie who is very approachable”.

Areas for improvement

No specific areas for improvement were identified in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Iris Cromie, registered manager, 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 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.

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/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. 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.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider shall ensure that a competency and capability assessment is undertaken for any staff member who is given responsibility of being in charge of the home for any period of time in her absence.</p> <p>Response by registered provider detailing the actions taken: The registered manager can confirm that a competency and capability assessment schedule has been put in place for all staff who have responsibility of being in charge of the home in her absence.</p>
<p>Requirement 2</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2017</p>	<p>The registered provider shall ensure that care plans are in place for all residents admitted under the intermediate care scheme. The care plans should reflect actual and potential needs, objectives and interventions to meet the needs identified.</p> <p>Response by registered provider detailing the actions taken: The Registered manager can confirm that all careplans for residents admitted under the ICS Scheme reflect the requirements above.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 16.1</p> <p>Stated: Second time</p> <p>To be completed by: 30 April 2017</p>	<p>The registered provider should ensure that the policy and procedure titled Adult Safeguarding is reviewed and revised to ensure these are in keeping with DOH policy/procedure titled Adult Safeguarding Prevention and Protection in Partnership (2015).</p> <p>Response by registered provider detailing the actions taken: The Adult Safe guarding policy and procedures have been updated to reflect the current guidelines and proceses.</p>
<p>Recommendation 2</p> <p>Ref: Standard 20.11</p> <p>Stated: Second time</p> <p>To be completed by: 31 May 2017</p>	<p>The registered provider should enhance the current quality assurance methods through the reintroduction of resident/representative satisfaction surveys, audit of care records (including care plans and reviews) and accidents/incidents.</p> <p>Response by registered provider detailing the actions taken: The Registered manager can confirm quality assurance methods have been reviewed and the following have been re-instated resident satisfaction survey completed April 2017 Audit of care records planned to be completed before the end of May 2017. Audit of accidents and incidents completed April 2017</p>

<p>Recommendation 3</p> <p>Ref: Standard 16.9</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2017</p>	<p>The registered provider should ensure that update training on the revised adult safeguarding policy/procedures is provided to all employed staff.</p> <p>Response by registered provider detailing the actions taken: Adult safeguarding Training as below, Manager training is planned for 24th April 2017 Training for Crozier house staff team was held on 30th January 2017 .</p>
<p>Recommendation 4</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider should ensure that the resident or their representative, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident is unable to sign or chooses not to sign, this is recorded.</p> <p>Response by registered provider detailing the actions taken: The registered manager can confirm that care plans once drawn up will be signed by either the resident or their representative within the agreed timescales.</p>

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



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