

Unannounced Care Inspection Report 5 April 2017



Annahilt

Type of service: Residential Care Home

Address: 246 Ballynahinch Road, Annahilt, Hillsborough, BT26 6BP

Tel No: 028 9263 8399

Inspector: Kylie Connor

1.0 Summary

An unannounced inspection of Annahilt took place on 5 April 2017 from 10:45 to 16:15.

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

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, adult safeguarding, appraisal, infection prevention and control, risk management and the home's environment.

One recommendation was made in regard to supervision.

Is care effective?

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

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

Is care compassionate?

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.

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

Is the service well led?

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

One recommendation was made in regards to the content of monthly monitoring reports.

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

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	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Myrtle Patterson, deputy manager as part of the inspection process and with Naomi Graham, registered manager following the inspection. 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 care inspection

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

2.0 Service details

Registered organisation/ registered person: Tamulst Care Limited/ Maureen Claire Royston	Registered manager: Naomi Graham
Person in charge of the home at the time of inspection: Sharron Reid, team leader to 11.30 Myrtle Patterson, deputy manager from 11.30	Date manager registered: 17 February 2010
Categories of care: RC-A - Residential Care - Past or present alcohol dependence (6 persons) RC-DE - Residential Care – Dementia (9 persons) RC- I Residential Care – Old age not falling within any other category	Number of registered places: 36

3.0 Methods/processes

The following records were analysed prior to the inspection: the previous care inspection report and accident/incident notifications.

During the inspection the inspector met with eleven residents, the deputy manager, three care staff, one ancillary staff, one administrative staff and two fire alarm contractors.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- A sample of staff supervision templates and one completed record
- Staff training schedule/records
- One staff recruitment file
- Three staff AccessNI records
- Three resident's 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
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings and representatives' meetings
- A sample of monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

The week following the inspection, the registered manager forwarded the supervision policy to the inspector.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Eleven questionnaires from residents and staff were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 8 December 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection. The care inspector discussed the installation of a number of green break glass units with the deputy manager and observed these in situ.

4.2 Review of requirements and recommendations from the last care inspection dated 23 November 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The deputy 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 residents or staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of an induction record which was in the process of completion and discussion with the deputy 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 views questionnaires confirmed that mandatory training and appraisal of staff was regularly provided. However, following discussion with staff, a review of supervision templates, one supervision record and the supervision policy (2012) which the registered manager stated is under review, it was identified that the content of supervision currently taking place was not in accordance with the homes' supervision policy. A recommendation has been made in regard to this. The inspector advised the registered manager following the inspection, that training for all staff in the supervision process should be considered. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The deputy manager 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 retained.

Discussion with the deputy manager and review of a staff personnel file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

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

Following the inspection, RQIA received written confirmation of the name of the organisations safeguarding champion.

Discussion with staff confirmed that they were aware of the new 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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the deputy manager, review of accident and incidents notifications, care records and complaint records confirmed that there had been no adult safeguarding issues in the home since the last care inspection.

The deputy manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the deputy 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.

The deputy manager confirmed there were restrictive practices employed within the home, notably locked doors and keypad entry systems. Discussion with the deputy manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The deputy manager confirmed there were risk management policy and procedures in place. Discussion with the deputy 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 regularly e.g. COSHH, fire safety etc.

The deputy manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment, notably walking aids supported this confirmation.

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 deputy manager reported that any outbreaks of infection within the last year had been managed in accordance with the homes' policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. Whilst contractors were in the home updating the fire alarm system, it was good to note that there were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the deputy manager confirmed that risk assessments and action plans were in place to reduce risk where possible. The deputy manager stated that the home plans to re-surface the tarmac around the home. The deputy manager stated that this would reduce the risk of falls, and therefore enable some residents to go for a walk independently. This is commendable.

The home had an up to date fire risk assessment in place dated 9 August 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually.

Fire drills were last completed on 19 December 2016. The deputy manager confirmed that fire safety training, including evacuation would be scheduled for all staff immediately following the installation of the new fire system. 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 weekly / monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff spoken with during the inspection made the following comments:

- “Touch points are done (disinfected) regularly”
- “It’s one of the best homes. I would pick this one”

Eleven completed questionnaires were returned to RQIA from residents and staff. Ten respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied. One resident indicated conflicting feedback in this domain but gave no comments.

Comments received were as follows:

- “After living alone for 12 years I feel so safe here” (Resident)
- “I feel the care given is safe and effective; with appropriate staffing levels and training. Induction is good with yearly appraisals. Premises good” (Staff)

Areas for improvement

One area for improvement was identified in relation to the content of supervision being carried out in line with the homes supervision policy and procedure.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of need, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Records of residents’ life-histories were contained in activity records. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) 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 and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. For example staff stated that when a particular resident was being admitted to hospital, they ensured that a specific personal item was packed because staff knew how effective it was in calming the resident.

The deputy 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. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The deputy manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The deputy manager and staff 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, their representatives and other key stakeholders. Minutes of resident and/or their representative meetings were reviewed during the inspection.

A review 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. The deputy manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Staff spoken with during the inspection made the following comments:

- "We learn from things and make improvements"
- "(The manager is) very approachable"

Eleven completed questionnaires were returned to RQIA from residents and staff. Ten respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied. One resident indicated conflicting feedback in this domain but made no comments. A comment received from a staff member was as follows:

- "I feel the care given is effective, compassionate and tailored to meet the residents very individualised needs."

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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4.5 Is care compassionate?

The deputy 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.

Discussion with staff, residents and/or their representatives 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. For example, the deputy manager described how observation of a resident eating immediately triggered staff to contact

the GP for pain relief and ensure that the source of the pain was identified and appropriate referrals made in a timely manner.

Residents spoken to confirmed that they were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

The deputy manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity, and were able to demonstrate how residents' confidentiality was protected.

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

Discussion with staff, residents 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. For example, residents' meetings, representatives' meetings and annual reviews.

Discussion with staff, residents, and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example, seasonal arts and craft activities take place and there were Easter themed decorations on display. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, a number of residents recently went to the cinema together.

Residents spoken with during the inspection made the following comments:

- "It didn't take the staff long to get to know me. They are very nice and helpful and do anything I need.....I'm happy"
- "There is armchair exercises and balloon exercises"
- "The staff are very kind, you've only to ask and they help"
- "Sunday services are very good"
- "The food is brilliant, you have a choice"
- "Activities are there if you want them"

Eleven completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied. One staff member commented that there, "could be more activities for residents". This was shared with the registered manager who confirmed that activities would be discussed at the next staff meeting.

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 deputy 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.

Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, poster and leaflet. Discussion with staff confirmed that they were knowledgeable 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, 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.

A review 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. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The deputy manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. There were quality assurance systems in place to drive 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 deputy manager 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. However, the reports did not state the number of persons spoken to nor was there a confidential recording system in place to refer to persons spoken to in order to strengthen governance. A recommendation has been made.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The deputy manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

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

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered providers respond to regulatory matters in a timely manner.

Review of records and discussion with the deputy manager and staff confirmed that should any adult safeguarding issues arise they would be managed appropriately and that reflective learning would take place. The deputy manager confirmed that there were effective working relationships with internal and external stakeholders.

The deputy manager confirmed that home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The deputy 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 deputy 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 don't have a big staff turnover"
- "It's a good team"

Eleven completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Comments from two staff were as follows:

- "With two team leaders everything is well looked after"
- "I feel the service is well-led, with management which is approachable and who act in the best interests of the residents and the service in general"

Areas for improvement

One area for improvement was identified in relation to the content of the monthly monitoring report.

Number of requirements	0	Number of recommendations	1
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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 Myrtle Patterson, deputy manager as part of the inspection process and with Naomi Patterson, registered manager, following the inspection. 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 web portal for assessment 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

<p>Recommendation 1</p> <p>Ref: Standard 24.2</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2017</p>	<p>The registered provider should ensure that supervision is carried out in line with the supervision policy and procedure.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The current supervision policy is under review, during the review period the home will endeavour to carry out supervisions in line with the current policy.</p>
<p>Recommendation 2</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2017</p>	<p>The registered provider should ensure that monthly monitoring reports are completed in line with RQIA guidance for visits by a registered provider; the number of persons spoken to during a monitoring visit should be recorded in such a way, as to protect the persons' identity while enabling identification by the home, to support robust governance arrangements.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The monthly monitoring visits reports will include the actual number of persons spoken with on the day and unique identifier numbers will continued to be used to ensure the persons identity is protected whilst still enabling identification.</p>



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