Unannounced Care Inspection Report
12 February 2020

Annahilt

Type of Service: Residential Care Home
Address: 246 Ballynahinch Road, Annahilt, Hillsborough, BT26 6BP
Tel No: 028 9263 8399
Inspector: Stephen O'Connor

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for

2.0 Profile of service

This is a registered residential care home which provides care for up to 36 residents within the categories of care detailed in its certificate of registration and 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Tamulst Care Limited **Responsible Individual:** Maureen Claire Royston	**Registered Manager and date registered:** Ms Naomi Graham 17 February 2010
Person in charge at the time of inspection: Ms Naomi Graham	**Number of registered places:** 36
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia A – Past or present alcohol dependence.	**Total number of residents in the residential care home on the day of this inspection:** 30

4.0 Inspection summary

An unannounced inspection took place on 12 February 2020 from 10:05 hours to 14:45 hours.

The following areas were examined during the inspection:

- the environment
- dining experience
- falls management
- care records
- activities
- consultation with residents, relatives, staff and visiting professionals

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Naomi Graham, Registered Manager and the Deputy Manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 14 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 14 July 2019.

No further actions were required to be taken following the most recent inspection on 14 July 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

During the inspection the inspector met with three residents, one resident relative and four staff. Questionnaires were also left in the home to obtain feedback from residents and resident's representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' to be placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed and invited visitors to speak with the inspector.

The following records were examined during the inspection:

- incident and accident records since the previous inspection
- three resident care records
- resident care charts including food and fluid intake charts
- a sample of governance audits/records
- complaints record since the previous inspection
- a sample of reports of visits by the registered provider/monthly monitoring reports dated 20 December 2019 and 20 January 2020

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 last care inspection dated 14 July 2019

There were no areas for improvements made as a result of the last care inspection.

6.2 Inspection findings

6.2.1 The environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, the lounge, dining rooms and storage areas. Fire exits and stairwells were observed to be clear of clutter and obstruction. Bedrooms and communal rooms were maintained clean and tidy. There were no malodours detected in the home. We observed that all store rooms requiring restricted access were locked with either a key or keypad. Ms Graham informed us that it is envisioned that the main lounge will be refurbished later this year.

6.2.2 Dining experience

Residents had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Residents and staff confirmed that they had 24 hour access to food and fluids. Residents commented positively on the food provision in the home.

We reviewed three residents' hydration records. Review of these records and discussion with staff evidenced that the appropriate procedures were in place when it was identified that a resident had not achieved their daily fluid intake target.

We reviewed the lunchtime meal experience in the home from 12:45 to 13:20 hours. Residents dined in the main dining areas or at their preferred dining area such as their bedroom or the lounge. Food was plated in the dining room in accordance with resident's menu selection. The food was only served when residents were ready to eat their meals or to be assisted with their meals. A range of drinks was served with the meal. The food served appeared nutritious and appetising. Specialist diets were also catered for.

Staff were knowledgeable in relation to residents' dietary requirements. Residents wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with residents when assisting with meals and residents were assisted in an unhurried manner. The mealtime was well supervised. Food intake records were maintained well.

6.2.3 Falls management

Prior to the inspection the notifications submitted to RQIA by the home following the previous inspection identified that the majority of notifications pertained to falls. Review of resident's records and discussion with staff evidenced that falls in the home had been managed in accordance with best practice. Falls risk assessments and care plans had been developed and updated regularly or following a fall. Accident records had been maintained appropriately. The appropriate persons had been notified of the falls.

Falls in the home were monitored on a monthly basis for any patterns and trends. This would be to review the pattern to proactively plan measures to reduce the incidences of falls where possible.

6.2.4 Care records

A review of two residents care records evidenced that appropriate individualised risk assessments were completed on each resident at the time of their admission. Risk assessments had been reviewed regularly and care plans had been developed which were reflective of the risk assessments. Care plans had also been reviewed and updated regularly.

6.2.5 Activities

We observed an activity notice board on prominent display near the main foyer. Ms Graham confirmed that staff are designated to deliver the activity programme. We observed staff organising a resident sing along in the morning and a game of bingo in the afternoon. Residents appeared to be actively participating in and enjoying the activities. Residents spoken with confirmed that they enjoyed participating in the organised activities programme.

6.2.6 Consultation with residents, relatives staff and visiting professionals

During the inspection we consulted with three residents, one resident's relative and four staff. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others. The residents spoken with were very positive about their experience of living in the home, stating that staff were very friendly and helpful. None of the residents spoken with voiced any concerns.

The relative consulted with spoke positively in relation to the care provision in the home, they indicated that staff were caring and compassionate, that staff knew the residents really well and that they had no concerns or worries in relation to the standard of care being delivered. The relative confirmed they felt they could voice a concern to staff or management.

We also consulted with two visiting professionals, a physiotherapist and a district nurse. Both of these professionals indicated that they felt staff knew the residents really well, that staff were responsive to residents needs and communicate well with other stakeholders involved in the residents care.

No completed patient or staff questionnaires were submitted to RQIA following the inspection.

Areas of good practice

There is positive feedback from consultation, and no issues identified in relation to dining experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total numb of areas for improvement	0	0

7.0 Quality improvement plan (QIP)

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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