



Unannounced Follow-up Care Inspection Report 13, 26 and 27 February 2019



Annahilt

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 36 persons in the categories of care cited on the home's certificate of registration, and detailed in Section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Tamulst Care Limited Responsible Individual: Dr Maureen Royston	Registered Manager: Ms Naomi Graham
Person in charge at the time of inspection: Sharon Reid, team leader on 13 February 2019; Naomi Graham, registered manager on 26 and 27 February 2019	Date manager registered: 17 February 2010
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia A – Past or present alcohol dependence.	Number of registered places: Total number of 36 places comprising: 36 – RC - I 9 – RC - DE 6 – RC - A

4.0 Inspection summary

An unannounced inspection took place on 13 February 2019 from 11.00 to 14.30 and on an announced basis on 27 February 2019 from 09.00 to 10.00 by the care inspector. An announced visit was carried out by Gemma McDermott, RQIA estates support officer, on 26 February 2019 from 14.30 to 15.30.

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

The inspection assessed progress with areas for improvement identified during the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- meals and mealtimes
- estates follow-up of action taken by the home following the reporting of a Serious Adverse Incident (SAI)
- governance arrangements
- consultation with residents, relatives and staff during and following the inspection

Evidence of good practice was found in relation to communication between residents, staff and other interested parties, meals and activity provision.

The home is commended that there were no areas requiring improvement identified in the areas of safe, effective and compassionate care and a well-led service during the inspection.

Residents said that they had good relations with staff and with each other and that they enjoyed the food and activities.

Residents' relatives said that staff had time to spend with residents, that families were involved in all decision-making and that residents enjoyed activities and outings. Staff spoken with during the inspection spoke positively about activity provision, the food, teamwork, standard of care and support from the registered manager and the deputy manager.

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 Sharon Reid, team leader, Naomi Graham, registered manager and Lorraine Thompson regional 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 August 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, one team leader, one care assistant, one activities co-ordinator, the assistant cook, one domestic staff and one resident's relative.

A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present on 13 February 2019 between 10.30 and 13.30 to speak with residents in order to obtain their views in regard to their experiences of living in the home and observe the lunch-time meal. Residents' comments are included within this report.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Two 'Have we missed you?' cards were left on display near the front door, inviting feedback from residents' visitors or relatives. Following the inspection, one email was received from a relative offering to provide feedback; the inspector contacted the relative by telephone on 27 February 2019 and their comments are included within the report. No electronic questionnaires were returned by staff within the agreed timescale. One questionnaire was returned by a relative within the agreed timescale.

The following records were examined during the inspection:

- two residents' care records
- the menu
- records held in the kitchen of residents who had been assessed by speech and language therapists(SALT)
- sample of records of daily fridge and freezer temperatures and of food temperatures
- reports of the registered provider undertaken in January 2019, December 2018 and November 2018
- records of last checks of window restrictors, staff call system and final exit doors
- sample of staff handover checks
- sample of monthly audit of accident and incidents

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 August 2018

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

6.2 Review of areas for improvement from the last care inspection dated 30 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 7.4 Stated: First time	The registered person shall ensure that written consents are in place in respect of access to residents care records by professionals and RQIA staff.	Met
	Action taken as confirmed during the inspection: Discussion with the regional manager and registered manager confirmed that this issue had been referred to the organisation's governance department for follow-up.	

6.3 Inspection findings

6.3.1 Meals and meal-times

The lunch-time meal was observed. Staff provided assistance and encouragement to inform residents that lunch was ready and to make their way into the dining room. Residents appeared to be looking forward to the meal which was provided at a conventional time. There was a relaxed and friendly atmosphere as residents took their seats in the dining room.

The dining room was clean and well-lit and there was sufficient space between tables to afford residents and staff ease of movement; the tables were set with condiments.

Discussion with the assistant cook staff and a review of the menu confirmed that residents are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Staff reported that full account is taken of relevant guidance documents or guidance provided by dietitians and other professionals and disciplines.

Discussion with the assistant cook and staff confirmed that they were knowledgeable of residents' individual dietary needs and preferences; they were also aware of the International Dysphasia Diet Standardisation Initiative (IDDSI); information had been disseminated to staff who had received training from speech and language therapists (SALT) and had also completed training in regard to allergens. A colour IDDSI chart was available in the kitchen.

The lunch consisted of a selection of sandwiches, parsnip soup, burger, beans and chips and strawberry moose for dessert, which reflected the menu. The assistant cook reported that variations are available including scrambled eggs and toast, toasties and that a choice is also offered to those on therapeutic or specific diets. Residents who wished to eat in their rooms were accommodated. Home baked goods include a range of tray-bakes, scones, buns, apple pie and pavlova. The assistant cook reported that there is good communication between care staff and kitchen staff in regard to changes in residents' dietary requirements or health.

Observation of staff and residents during the serving of the lunch evidenced that staff and the assistant cook were knowledgeable of residents' likes and dislikes and preferences in regard to suitable portion sizes. The lunch was presented in a way and in a consistency that met each resident's needs. Residents were offered a choice of cold drinks and ate at their own pace. There was sufficient staff on duty to supervise and meet the needs of residents who needed assistance.

Staff providing assistance were attentive and demonstrated a good person centred approach and compassion in their manner. Throughout the lunch, staff discretely prompted residents, sought feedback from residents about their meal and offered more drinks and 'seconds'. Staff wore personal protective equipment appropriately. A poster was observed at the entrance to the home advising visitors of the importance of protected mealtimes.

The daily menu was displayed in the dining room in large print, so that residents and their representatives know what is available at each mealtime. Discussion with staff, the assistant cook and residents confirmed that hot and cold drinks and snacks are available at customary intervals, and fresh drinking water is available at all times.

Staff and the assistant cook confirmed that menus and snacks are provided for special occasions, for example, at Easter, Christmas, residents' birthdays and activities relating to the season or significant dates throughout the year.

Discussion with staff confirmed that residents were consulted with and their views taken into account regarding the menu.

A record was kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each resident was satisfactory.

Discussion with staff and a review of two residents' care records confirmed that residents' weight is monitored at suitable intervals. Where a resident's appetite is reduced or is excessive a record is kept and reported to the registered manager or senior staff in charge of the home. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. Staff confirmed that the home is well supported by dieticians. Review of one care record evidenced that risk assessments and care plans were in place in regards to nutrition.

A four week menu is in place and revised periodically throughout the year, taking into account seasonal availability of foods and residents' views. The assistant cook reported that the menu had been revised and that vegetable roll, stuffed bacon and a number of vegetarian options had been added included cauliflower pasta bake.

Review of records of fridge and freezer temperatures and cooking temperature records confirmed that these were up to date.

6.3.2 Estates follow-up of a Serious Adverse Incident (SAI)

A visit to the home was undertaken on 26 February 2018 from 14.30 to 15.30 by Gemma McDermott, RQIA estates support officer. We are able to confirm that all areas of improvement identified as a consequence of the SAI investigation report have been fully actioned by the home.

A sample of windows was checked which included a number of bedrooms, en-suites, lounge areas, dining areas, bathrooms, shower rooms and toilets. All windows, with the exception of some in staff areas that are only accessible by a keypad, have been fitted with robust tamper-proof window restrictors.

Final exit doors have been fitted with an alarm linked to the call system which includes the kitchen and laundry doors; a function check of these took place and these were found to be working.

The front door has been fitted with two self-closing devices, one on the inside and one on the outside; a keypad is also fitted.

A keypad has also been fitted on the door leading to the stairwell to gain access to the first floor and on the door on the first floor of same stairwell.

A daily check of the final exit doors is carried out and records kept; this is shown as a tick box and the last date it was carried out was 25 February 2019.

The window restrictors, again shown as a tick box, are checked on a monthly basis and were last checked on 4 February 2019. The staff call system is also checked monthly and was last completed on 1 February 2019.

6.3.3 Governance arrangements

Discussions with the person in charge and following the inspection with the regional manager and registered manager confirmed that the home was operating within its registered categories of care.

Inspection of reports of visits by the registered provider confirmed that these had been completed on a monthly basis for the previous 12 months. A sample of three reports confirmed that these supported robust governance and an action plan was devised and followed up on each occasion.

Inspection of audits of accident and incident records from October 2018 to January 2019 and discussion with the registered manager confirmed that these have been well maintained and RQIA are notified of all events as required.

Discussion with the registered manager confirmed that a robust pre-admission assessment process takes place to ensure that the home can meet the needs of residents admitted into the home. The registered manager advised that when residents' needs change, prompt action is taken to liaise with the referring Trust to schedule a care review to assess the appropriateness of the placement.

Inspection of a sample of staff handover records and discussion with the registered manager confirmed that on a daily basis, the location of all residents within the home and a check of six final exit doors is carried out by two staff at the times of 08.00, 14.00 and 20.00.

6.3.4 Feedback from residents, relatives and staff during and following the inspection

The lay assessor spoke with six residents. One resident spoken with told the lay assessor that she felt safe. The lay assessor observed staff working alongside residents and noted that she was 'very impressed with approaches by staff.'

Residents were asked for their level of satisfaction of their overall lifestyle of living in the home. Six residents indicated that they were very satisfied. A musical group was coming to entertain the residents that evening and residents were looking forward to it.

Comments from residents included:

- "Best decision I ever made (moving into the home to live)."
- "It's a happy home."
- "I enjoy every day in Annahilt even though I cannot see. I hear the craic and I love it."
- "They are grand to me....staff are very friendly."
- "Food good, plenty of it."

A relative spoken with during the inspection indicated that staff had time to spend with residents, that family were involved in all decision-making and that residents enjoyed the outings.

Comments included:

- "My relative has (medical condition stated with associated nutritional needs) and that is taken care of."

A relative spoken with by telephone following the inspection commented:

- “Annahilt is an example of how a home should be. The staff like their job and it’s a very happy place to go into. The staff go above and beyond. They consult you...and invite you to everything. The level of care is second to none and they see things before there’s an issue. It’s important to say thank-you, you are doing a great job. (My relative) likes the activities and staff are very encouraging of the residents and of families. They want to know about residents and their families.”

One questionnaire was returned from a relative. The relative indicated that they were very satisfied in regard to safe, effective, compassionate and well-led care.

The relative commented:

- ‘(My relative) is very well cared for and staff could not be any better. She is content and ready for all outings which is great, has also gained weight, great food.’

Staff spoken with during the inspection spoke positively about activity provision, the food, teamwork, standard of care, the environment, induction and support from the registered manager and the deputy manager.

Comments from staff included:

- “If you need to ask anything you can, even to clarify a job or what needs done.”
- “They (care staff) are very good friendly and very good with the resident. The residents respond to them very well.”
- “Last summer was some job, just keeping the fluids going and keeping them cool.”
- “There is good attention to detail of residents’ health.”
- “It’s very well managed. When things are needed they are got.”

Areas of good practice

Evidence of good practice was found in relation to communication between residents, staff and other interested parties, meals and activity provision.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews