

Unannounced Care Inspection Report

16 May 2016



Blair Lodge

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced care inspection of Blair Lodge took place on 16 May 2015 from 12.00 to 19.15.

The inspection was undertaken in response to whistle blowing information received by RQIA on 6 May 2016 from two anonymous sources.

The whistle blowing information raised the following concerns:

- Insufficient staff to manage residents' needs
- The suitability of some residents to remain accommodated within residential care
- Staff not trained and not sufficiently qualified to deliver care to adults with learning disability who presented with challenging behaviour
- Staff not sufficiently trained in the use of equipment to transfer more physically dependent residents
- The lack of qualification of the home's behavioural care co-ordinator and the lack of involvement of the trust behaviour support team to assess and monitor the needs of residents
- Notifications of accidents and incidents not being forwarded to RQIA and that some information was rewritten by senior staff
- Some residents accessing secure areas within the home
- Improper procedures in relation to administration of medications, ie. senior staff removing medication from containers and requesting that care workers administer medications to residents
- Inadequate supply of crockery and cutlery for residents in one particular unit within the home
- The catering kitchen being locked after the chef left each day and that staff could not access food to make snacks for residents
- Provision of a takeaway meal on some weekends and that residents paid for this food out of their own monies.

The inspection sought to address the issues raised in the whistleblowing information and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

No requirements and one recommendation were stated in regard to the delivery of safe care. This was in relation to the need to update the care plan of one resident to accurately reflect the changing needs of this resident. There were examples of good practice found throughout the inspection in relation to staff induction, staff training, staff supervision and appraisal, recruitment practice and the home's environment.

Is care effective?

No requirements or recommendations were stated in regard to the delivery of effective care. There were examples of good practice found throughout the inspection in relation to care records. There were examples of good practice found throughout the inspection in relation to communication between residents, staff and one representative.

Is care compassionate?

No requirements or recommendations were stated in regard to the delivery of compassionate care. There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and listening to and valuing residents.

Is the service well led?

No requirements or recommendations were stated in regard to the delivery of well led service. There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and to quality improvement and good working relationships.

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	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Rosemary Clarke, 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 care inspection

The most recent inspection was an unannounced care inspection on 28 January 2016. There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Blair Lodge/Helen Armstrong	Registered manager: Rosemary Clarke
Person in charge of the home at the time of inspection: Rosemary Clarke	Date manager registered: 01 February 2016
Categories of care: MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability LD (E) - Learning disability – over 65 years	Number of registered places: 29
Weekly tariffs at time of inspection: £494 - £2200	Number of residents accommodated at the time of inspection: 26

3.0 Methods/processes

Prior to inspection the following records were analysed: the report from the last care inspection, notifications of accidents/incidents since the last care inspection and whistle blowing information received at RQIA on 6 May 2016.

During the inspection inspectors met with four residents, four care staff, the behavioural care co-ordinator and one resident's representative.

The following records were examined during the inspection:

- Staff training records
- Staff induction records
- Staff duty rota
- Notifications of accidents and incidents to RQIA
- Two residents' care files
- A sample of staff personnel files
- Staff supervision schedule
- The home's Residents Guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 28 January 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 28 January 2016

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

4.3 Is care safe?

The whistle blowing information raised the concern that there was insufficient staff to manage residents' needs.

The registered 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. A review of the staff duty rota and discussion with a number of staff members of different designations identified that there was sufficient staff on duty in the home. No concerns were raised regarding staffing levels during discussion with a resident's representative.

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

- 1 x registered manager
- 1 x behavioural care co-ordinator
- 1 x team leader
- 1 x senior support worker
- 6 x support workers
- 2 x Support workers who finished 10.30 and 11.30
- 1x senior day care support worker
- 1 x chef
- 1 x domestic assistant
- 1 x driver / maintenance person
- 1 x administrator

Two team leaders and seven support workers were due to be on duty later in the day and one support worker 18.00 to 20.00. One team leader and five support workers were scheduled to be on overnight duty.

A 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. One staff member described the programme of induction undertaken at the commencement of employment. The staff member reported that the induction and staff training was thorough and beneficial.

Discussion with staff and review of records confirmed that mandatory training, staff supervision and appraisal was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

The registered manager and staff 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. A review of a sample of staff competency and capability assessments identified that staff were regularly assessed by management to deliver safe care at all times. This supported the delivery of safe care.

The registered manager confirmed that two residents had a higher level of physical dependency. A review of two care records of the two identified residents established that the trust which commissioned the care was satisfied, through a review of the care, that the needs of the residents were being appropriately met. However we identified that the care plan of one resident had not been updated to reflect the changing needs of the resident. A recommendation was made in this regard.

Discussions with the registered manager established that all care staff had completed training in managing challenging behaviour. Management of Actual or Potential Aggression (MAPA) training was scheduled for 18 May 2016 and was being provided by a qualified trainer. As such, the majority of the staff team would be trained in this area of care. The registered manager stated that care staff who did not have this training would always be accompanied by a staff member who did. This was confirmed in discussion with members of care staff.

In discussions with the registered manager and staff it was identified that a suitably trained person, for example, an occupational therapist, would demonstrate to a senior member of staff how a hoist is safely used. The senior staff member would, in turn, demonstrate this to care staff. Staff are then supervised in the use of the equipment until they are competent in using it. Staff members confirmed that they always employed safe transfer techniques and that the dignity of residents was preserved at all times. The registered manager confirmed that equipment in use in the home was well maintained and regularly serviced. Observation of equipment confirmed that it was in good repair.

Inspection of staff personnel files identified that some staff were not currently registered with the Northern Ireland Social Care Council (NISCC). The registered manager advised that staff had encountered difficulties in both renewing registration and in making application to NISCC. The registered manager acknowledged that this situation should not have been allowed to continue and gave verbal assurances that this matter would be addressed as a matter of urgency. The registered manager provided written confirmation to RQIA on 20 May 2016 that all staff were successfully registered with NISCC.

In discussions with the home's behavioural care co-ordinator, it was identified that she had attained the QCF level 5 Residential Manager qualification and was also qualified in positive behaviours support, a coach's programme giving qualification to deliver training in the management of challenging behaviour.

The registered manager confirmed that the trust's behaviour nurse specialist was kept informed of the needs of the residents and that the nurse specialist visited the home on alternative months. Inspection of relevant documentation confirmed this. In addition, the behaviour nurse specialist was readily contactable by telephone.

Inspection of three fridges identified that two items were not labelled. These items were discarded immediately. The registered manager gave verbal assurances that staff would be reminded to follow best practice in the area of food storage and that regular audits would be carried out. RQIA later received communication from the registered manager that a suitable audit schedule had been devised.

The registered manager confirmed that certain areas were accessed by the use of keypad entry systems for the protection of residents. Discussion with the registered manager regarding such

restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. The registered manager explained that some residents were aware of the keypad entry code and that these residents were assessed as safe to have free movement throughout other units. One upstairs unit had access control to prevent residents having access to the stairwell.

Discussion with the registered manager and with other staff members identified that on occasion, individual residents may respond better to particular staff members. In these instances, senior care staff may well request that a care worker administers the medication to the resident and that this would always be under the supervision of the senior care staff member. Furthermore, inspectors were advised that training in the administration of medication was due to take place on the 16 May 2016.

Areas for improvement

One area for improvement was identified during the inspection.

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

The whistle blowing information raised the concern that not all information was sent to RQIA as appropriate and that some information was rewritten by senior staff. Discussion with the registered manager and a review of accident and incidents notifications confirmed that any accidents or incidents were appropriately notified to RQIA. Senior staff confirmed that notifications were reviewed for the quality and accuracy of information before being forwarded to RQIA and other bodies; sometimes it was necessary to make changes to spelling and grammar.

The whistle blowing information raised the concern that there was an inadequate supply of crockery and cutlery for residents in one particular unit within the home. On the day of inspection it was noted that there was ample supply of crockery and cutlery for residents within the identified unit.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

No concerns were raised within the whistle blowing information sent to RQIA.

Discussions with residents were all positive in respect of their life in the home, their relationships with staff and the provision of activities and meals.

Inspectors met with a resident's representative who commented that "The staff are amazing, they go over and above their call of duty. I would be lost without the facility as the staff are all so supportive."

Areas for improvement

No areas for improvement were identified during the inspection.

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

The whistle blowing information raised the concern that the kitchen was locked after the chef went home and there was no access to make residents sandwiches or other food once the chef had left for the day.

Discussion with the registered manager, staff and one representative confirmed that residents could get food whenever they wanted. One staff member reported they had made a sandwich for a resident late the previous evening. A key for the kitchen was left with the senior in charge of the home when the chef goes off duty to allow access anytime.

The whistle blowing information raised the concern regarding the provision of a takeaway meal on some weekends and that residents paid for this food out of their own monies.

The registered manager confirmed that takeaway meals had been an ongoing practice for a number of years. There was evidence within the minutes of residents meetings and of quality surveys that the takeaway meals were popular with residents. The registered manager also confirmed that the food is purchased out of residents' monies but that staff did not partake of these meals. Staff were able to describe how individual residents were assisted to indicate their takeaway food preferences either verbally or by the use of picture cards. The registered manager confirmed that if a resident preferred not to have a takeaway meal, an alternative meal could be made within the home.

In discussion with the registered manager we noted the issue of residents paying for the takeaway meals out of their own monies had not been considered; it had become custom and practice. This arrangement was not described within the home's Residents' Guide. The registered manager gave a verbal assurance that this issue would be discussed with the registered provider and that RQIA would be provided with an action plan to outline how this would be managed.

On 20 May 2016, RQIA received communication from the registered manager to confirm that, in the interests of meeting residents' preferences, the home would continue to facilitate the provision of takeaway meals. The home would also, with immediate effect, pay for takeaway meals. The home would ensure that an alternative to takeaway food would be provided. This supported the delivery of well led care.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Rosemary Clarke, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s 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 person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1 Ref: Standard 6.6	The registered manager should ensure that the care plan of one identified resident is updated to accurately reflect the changing needs of this resident.
Stated: First time To be completed by: 30 May 2016	Response by registered person detailing the actions taken: Identified residents care plan reviewed, updated and reflects the actual needs of the resident.



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