



The Regulation and
Quality Improvement
Authority

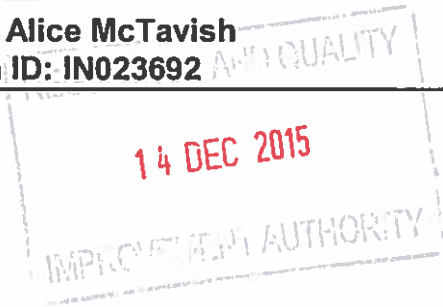
Inspector: Alice McTavish

Inspection ID: IN023692

Caider Fountain
RQIA ID: 1584
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**Unannounced Care Inspection
of
Caider Fountain**

22 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 20 October 2015 from 09.40 to 13.15. On the day of the inspection we found the home be delivering safe, effective and compassionate care. The standard and theme we inspected were assessed as being met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

The Salvation Army had indicated to RQIA their intention to deregister Calder Fountain as a residential care home. Since January 2015, 21 residents had been moved to alternative accommodation and two residents remained. Calder Fountain and the local Health and Social Care Trust were working to find suitable placements for the remaining residents. Calder Fountain comprised only a corridor on the ground floor of the building on which bedrooms were located.

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

The details of the QIP within this report were discussed with the registered manager Elaine Hamill as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: The Salvation Army/Kirsten Watters	Registered Manager: Elaine Hamill
Person in charge of the home at the time of inspection: Elaine Hamill	Date manager registered: 01/10/2007
Categories of care: RC-A, RC-D, RC-MP, RC-E	Number of registered places: 4

Number of residents accommodated on day of inspection: 2	Weekly tariff at time of inspection: £470
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3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/processes

Prior to inspection we analysed the following records: the returned QIP from the last inspection, notifications of accidents and incidents.

We met with one resident, one support worker and the registered manager. We left residents' questionnaires and staff views questionnaires for completion and return to RQIA. No visiting professionals or resident's visitors/representatives were present.

We examined the care records of two residents, staff training records, the accident and incident register, complaints and compliments records and fire safety records. We also examined policy and procedure documents relating to the standard and theme inspected.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 20 January 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of requirements and recommendations from the last care inspection dated 17 September 2014.

Previous inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 5 (1)	The registered person shall provide to each resident, by not later than the day on which he becomes a resident, a statement specifying – (a) The fees payable by or in respect of the resident for the provision to the resident of any of the following services – (i) residential accommodation with board; and (ii) personal care; and, except where a single fee is payable for	Met

	<p>those services, the services to which each fee relates;</p> <p>(b) The method of payment of the fees and the person by whom the fees are payable.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 13 (1)</p>	<p>The registered person shall ensure that the residential care home is conducted so as –</p> <p>(a) to promote and make proper provision for the health and welfare of residents;</p> <p>(b) to make the proper provision for the care and where appropriate, treatment and supervision of residents.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and examination of care records confirmed that residents were provided with an individual written agreement which outlined charges for care.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 14 (2)</p>	<p>The registered person shall ensure as far as reasonably practicable that –</p> <p>(a) unnecessary risks to the health, welfare or safety of residents are identified and so far as possible eliminated; and</p> <p>(5) The registered person shall ensure that no resident is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other resident and there are exceptional circumstances.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>This related to a finding that individuals on temporary discharge from prison had been accommodated within the residential care home. Curfew arrangements had been in place for some of these individuals. Risk assessments and care plans had not been completed for these individuals. Written confirmation from Salvation Army confirmed that the practice of accommodating prisoners within the home had ceased.</p>	
<p>Requirement 4</p> <p>Ref: Regulation 13 (8)</p>	<p>The registered person shall make suitable arrangements to ensure that the home is conducted –</p> <p style="text-align: center;">(a) in a manner which respects the privacy and dignity of residents;</p> <p>Action taken as confirmed during the inspection:</p> <p>This related to a finding that CCTV had been used within the home and that people accommodated elsewhere within the building could have free access to the home.</p> <p>Discussion with the registered manager and written assurances from Salvation Army confirmed that CCTV was no longer used within the home. People accommodated elsewhere within the building could still have free access to the residential unit. The home is much reduced in size and the risk to the two remaining residents is considered by Salvation Army to be minimal. Salvation Army was willing to reinstate access controls in the one corridor which comprised the home. This requirement was restated.</p>	<p style="text-align: center;">Partially met</p>
<p>Requirement 5</p> <p>Ref: Regulation 15 (1)</p>	<p>The registered person shall not provide accommodation to a resident at the residential care home unless –</p> <p>a) the needs of the resident have been assessed by a suitably qualified or suitably trained person;</p> <p>(b) the registered person has obtained a copy of the assessment; and</p> <p>(c) there has been appropriate consultation</p>	<p style="text-align: center;">Met</p>

	<p>regarding the assessment with the resident or a representative of the resident as appropriate;</p> <p>(d) the registered person has confirmed in writing to the resident that having regard to the assessment the home is suitable for the purpose of meeting the resident's needs in respect of his care health and welfare.</p>	
<p>Requirement 6</p> <p>Ref: Regulation 15 (2)</p>	<p>The registered person shall ensure that the assessment of the resident's needs is –</p> <p>(a) kept under review; and</p> <p>(b) revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>This related to a finding that individuals on temporary discharge from prison had been accommodated within the residential care home. The needs of the individuals accommodated had not been kept under review and revised if their circumstances changed. Written confirmation from Salvation Army confirmed that the practice of accommodating prisoners within the home had ceased.</p>	

<p>Requirement 7</p> <p>Ref: Regulation 16 (1)</p>	<p>The registered person shall ensure that a written care plan is prepared in consultation with the resident or resident's representative as to how the resident's needs in respect of his care, health and welfare are to be met.</p> <p>(2) The registered person shall ensure that –</p> <p>(a) the resident's care plan is available to the resident;</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>This related to a finding that individuals on temporary discharge from prison had been accommodated within the residential care home. A written care plan had not been prepared by staff in consultation with the resident or resident's representative and was not available to the resident. Written confirmation from Salvation Army confirmed that the practice of accommodating prisoners within the home had ceased.</p>		
<p>Requirement 8</p> <p>Ref: Regulation 19 (1)</p>	<p>The registered person shall –</p> <ul style="list-style-type: none"> maintain in respect of each resident a record which includes the information, documents and other records specified in Schedule 3 relating to the resident; 	Met
<p>Action taken as confirmed during the inspection:</p> <p>This related to a finding that individuals on temporary discharge from prison had been accommodated within the residential care home. Records pertaining to the residents were not maintained to an acceptable standard. Written confirmation from Salvation Army confirmed that the practice of accommodating prisoners within the home had ceased.</p>		
<p>Requirement 9</p> <p>Ref: Regulation 17 (1)</p>	<p>The registered person shall introduce and ensure systems are maintained for reviewing at appropriate intervals the quality of care and other service provision in or for the purposes of the residential care home and that any such review is undertaken no less than annually.</p>	Met

	<p>Action taken as confirmed during the inspection: This related to a finding that individuals on temporary discharge from prison had been accommodated within the residential care home. There was no evidence that the registered person had systems in place to review the effectiveness of care provided to these individuals. Written confirmation from Salvation Army confirmed that the practice of accommodating prisoners within the home had ceased.</p>	
<p>Requirement 10 Ref: Regulation 17 (2)</p>	<p>The registered person shall supply to the Regulation and Improvement Authority a report in respect of any review conducted by him for the purpose of paragraph (1) and make a copy of the report available to residents.</p> <p>Action taken as confirmed during the inspection: This related to a finding that individuals on temporary discharge from prison had been accommodated within the residential care home. There was no evidence that the registered person had systems in place to review the effectiveness of care provided to these individuals. Written confirmation from Salvation Army confirmed that the practice of accommodating prisoners within the home had ceased.</p>	Met
<p>Requirement 11 Ref: Regulation 27 (4)</p>	<p>The registered person shall – (b) take adequate precautions against the risk of fire, including the provision of suitable fire equipment;</p> <p>Reference to this is made in that The Salvation Army should liaise with Helm Housing to ensure that any recommendations arising from the fire safety risk assessment are duly actioned.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and the home's fire warden confirmed that The Salvation Army had liaised with Helm Housing to ensure that any recommendations arising from the fire safety risk assessment were duly actioned.</p>	Met

Previous inspection recommendations		Validation of compliance
<p>Recommendation 1 Ref: Standard 10.1</p>	<p>Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.</p> <p>Reference to this is made in that policy and procedure should be updated to include the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998), also to include the need for Trust involvement in managing behaviours which challenge and that RQIA must be notified on each occasion restraint is used.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and examination of the policy and procedure documents confirmed that they had been updated accordingly.</p>	Met
<p>Recommendation 2 Ref: Standard 10.5</p>	<p>When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p> <p>Reference to this is made in that staff should be provided with refresher training in managing behaviours which challenge.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager identified that refresher training in managing behaviours which challenge was planned for October 2015.</p>	Met
<p>Recommendation 3 Ref: Standard 10.7</p>	<p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <p>Reference to this is made in that the home's Statement of Purpose should be updated to include details of all restrictions employed within Calder Fountain Residential Home.</p>	Met

	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and examination of the home's Statement of Purpose confirmed that this was updated to include details of all restrictions employed within Calder Fountain Residential Home.</p>	
<p>Recommendation 4 Ref: Standard 13.1</p>	<p>The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.</p> <p>Reference to this is made in that the policy document is not current and should be updated.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and examination of the policy document confirmed that it was updated.</p>	
<p>Recommendation 5 Ref: Standard 29.4</p>	<p>All staff have training in the fire precautions to be taken or observed in the home, including the action to be taken in case of fire. The training is provided by a competent person at the start of employment and is repeated at least twice each year.</p> <p>Reference to this is made in that relief staff should be provided with fire training.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and examination of staff training records confirmed that relief staff were provided with fire training.</p>	

Areas for improvement

There was one area of improvement in the previous inspection statutory requirements.

Number of requirements:	1	Number of recommendations:	0
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5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The registered manager confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this. The registered manager

stated that there had been several deaths within Calder Fountain; the last death had occurred more than one year ago.

We inspected two residents' care records and could confirm that care needs assessments, risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments were appropriately signed.

We noted that care plans contained details of the residents regarding any specific arrangements at the time of his or her death. We found that the contact details of residents' families and trust representatives, who might need to be approached in the event of emergency planning, were noted.

Care plans noted the spiritual and cultural wishes of the residents. Where there had been discussion with the General Practitioner or other healthcare professionals relating to medical interventions, this was noted within the care records.

● Is care effective? (Quality of management)

The home had a policy and procedure in place relating to dealing with the sudden death of a resident. A separate policy and procedure was in place for end of life care; this did not reference current best practice guidance. We made a recommendation in this regard. In our discussions with staff they were able to demonstrate familiarity with how the policy and procedures would be implemented.

In our discussions with staff they confirmed that they had received First Aid training and would be able to respond appropriately to an accident or sudden illness. Staff had also attended training in the emergency use of a defibrillator and in palliative care.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). Staff also confirmed to us that they were aware of the importance of nutrition and fluid intake and of ensuring good skin care to a resident at the end of life. Staff confirmed to us that they would liaise closely with district nursing staff to ensure appropriate pain management. Notification of a death would be made to all relevant parties in a timely manner. The home could also call upon the services of the Nurse Practitioner for the Homeless Population, employed by the Belfast Health and Social Care Trust, who provides nursing guidance and support to the Salvation Army.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death. The Salvation Army has a Trauma Team which provides support to residents and staff members should this be needed. The staff team, however, had been able to provide emotional support to residents following a death, if this was required. The staff also found that the support provided from within the team was sufficient to help them deal with any bereavement issues following the death of a resident.

Is care compassionate? (Quality of care)

Staff members we interviewed explained that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a resident. This was to be commended.

The registered manager described to us how a resident had been cared for in the home at the end of life; whilst the medical needs of the resident were met by the GP and the district nursing team, the care needs of the resident were fully met by the staff. The staff team had also ensured that the resident was provided with constant company, comfort and reassurance during the final days. In one case a resident's needs could not be met within the residential home and the resident moved to a local nursing home. Members of the staff team ensured that the resident's needs and preferences were conveyed to the staff in the nursing home. Staff also visited the resident both in working time and also in their own time to ensure that the resident was not alone. The resident died in the nursing home but was waked and buried from Calder Fountain, in accordance with his wishes.

Many residents who live in Calder Fountain had a history of alcohol or drug dependency and homelessness and consequently had lost touch with their families. Should a resident wish for family to be with the resident at the end of life, this would be encouraged. Staff would also assist residents to trace families. Visits from family members would be welcomed and staff would ensure that the family was made comfortable within the home.

The registered manager explained to us that the news of death of the resident would be shared with fellow residents in a sensitive manner. In one case, the deceased resident had no known family but had served in the armed forces. Staff made contact with an ex-services group who ensured that service personnel attended the funeral. This provided a fitting tribute to honour the service of the resident.

For those residents who had accumulated savings, staff assisted them to purchase a pre-paid funeral plan and to make advance arrangements according to the residents' wishes. The staff team made arrangements for the wakes of deceased residents to be held within the home and for the funerals to leave from the home. Calder Fountain is charitably supported by a local funeral home which provides equipment for the wake. After the funeral, the other residents, p-staff and family members, if any, were provided with refreshments in Calder Fountain.

In cases where residents had no funds to pay for a funeral and there was no family to do so, social security would usually pay for a basic funeral. This funeral home provided a dignified and professional service which went beyond the basics paid for by the State. The Salvation Army had purchased a grave in a local cemetery in which the ashes of deceased residents were buried. Calder Fountain also had a good relationship with a monumental sculptor who donated and installed a headstone and who inscribed the names of deceased residents on the headstone.

In our discussions with the registered manager she confirmed that arrangements could be made to provide spiritual care for residents who are dying, if they so wished. Family members, friends, other residents and staff who wished to offer comfort for a resident who was dying were enabled to do so, if the resident wished. Following a death, the body of the deceased resident was handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences.

The Salvation Army chaplain was also available to provide pastoral support to the residents and to the staff team. Calder Fountain maintained a memorial book in which the names of deceased residents were recorded. This book was on display to the other residents and a memorial service was held annually to remember deceased residents.

The registered manager confirmed with us that the deceased resident's belongings were handled with care and his or her representative was consulted about the removal of the belongings. The home took a flexible approach to the timing of removal of belongings from the room of the deceased resident.

Areas for improvement

There was one area of improvement in the standard inspected. This standard was met.

Number of requirements:	0	Number of recommendations:	1
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

The registered manager advised us that no residents had continence care needs. Should any resident need specialist support in this area, the district nurse or community continence advisor would provide guidance to staff. Additional staff training would also be provided, if necessary. The staff member we interviewed during inspection was able to demonstrate knowledge and understanding of continence care. Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment.

Is care effective? (Quality of management)

In our discussions with staff and through a review of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that the resident was treated with care, dignity and respect when being assisted by staff. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

Areas for improvement

There were no areas of improvement identified with the theme inspected. This theme was assessed as being met.

Number of requirements:	0	Number of recommendations:	0
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5.5 Additional areas examined

5.5.1 Residents' views

We met with one resident who indicated satisfaction with their life in the home, their relationship with staff and the provision of care. No resident views questionnaires were completed and returned.

Some comments included:

- "It's good here, I like it"

5.5.2 Staff views/questionnaires

We met with one staff member who spoke positively about their role and duties, staff morale, teamwork and managerial support. The staff member indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties. No staff questionnaires were returned.

5.5.3 Staffing

At the time of inspection the following staff members were on duty:

1 manager
2 support workers
1 domestic

Catering is provided in the canteen of the adjacent Centenary House.

Two support workers were scheduled to be on duty later in the day. Two support workers were scheduled to be on overnight duty. The registered manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

5.5.4 Environment

We found the home to be clean and tidy and well maintained. Décor and furnishings were of an adequate standard.

5.5.5 Care practices

In our discreet observations of interactions between the resident and staff we were satisfied that the resident was treated with dignity and respect.

5.5.6 Accidents/incidents

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

5.5.7 Complaints/compliments

The home had received no complaints and no compliments. There were systems in place to ensure that records were retained of complaints, investigations, outcomes and lessons learned.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager Elaine Hamill 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.

6.5 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.6 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.7 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and 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. Once fully completed, the QIP will be returned to RQIA's office 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 weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory requirements

Requirement 1
Ref: Regulation 13 (8)
 The registered manager must ensure that people accommodated elsewhere within the building cannot have free access to the residential unit.

Stated: Second time

To be completed by:
29 January 2016

Response by Registered Person(s) detailing the actions taken:

Locke will be placed on ground floor corridor immediately.

Recommendations

Recommendation 1
Ref: Standard 21.1
 The registered manager should ensure that the policy for end of life care references current best practice guidance.

Stated: First time

To be completed by:
29 January 2016

Response by Registered Person(s) detailing the actions taken:

this will be included at the policy Review at THQ

Registered Manager completing QIP

Elaine Hamill

Date completed

16/11/15

Registered Person approving QIP

D. Waters

Date approved

07/12/15

RQIA Inspector assessing response

Alice McEvish

Date approved

16/12/15

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