

Unannounced Care Inspection Report 4 May 2017



Carlisle House

Type of service: Residential Care Home
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Inspector: Patricia Galbraith

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Carlisle House took place on 4 May 2017 from 10.15 to 14.00.

The inspection sought to assess progress with any issues raised during and 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 training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

One area for improvement was identified in regard to weekly fire checks as they had not all been completed.

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 requirement was made in regard to a monthly monitoring visits as they had not all been undertaken.

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	2	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with James Small, deputy 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 20 December 2016.

2.0 Service details

Registered organisation/registered provider: Board of Social Witness	Registered manager: David Cuthbert
Person in charge of the home at the time of inspection: James Small, Deputy manager	Date manager registered: 1 April 2005
Categories of care: A – Past or present alcohol dependence D – Past or present drug dependence	Number of registered places: 16

3.0 Methods/processes

Prior to inspection we analysed the following records: previous inspection report and accidents and incidents register.

During the inspection the inspector met with three residents and three staff.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- One resident's care file
- 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
- Infection control register/associated records
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings / representatives' / other

- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Policies and procedures manual

A total of 30 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Two questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20 December 2016

The most recent inspection of the home was an unannounced care inspection. No requirements or recommendations were made as a result of the previous inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 20 December 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, residents' representatives and staff.

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

Review of completed induction records 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, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The deputy 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. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion had been established their name and picture had been put on display.

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 complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

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 and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons / bodies were informed.

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.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. 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 there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with homes policy and procedures, reported to the Public Health Agency, the 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. 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 home had an up to date fire risk assessment completed on 27 April 2017.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills had been completed every month. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that not all weekly fire checks had been completed. A requirement was made in this regard.

Two completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas for improvement

One area for improvement was identified in regard to weekly fire checks as they had not all been completed.

Number of requirements	1	Number of recommendations	0
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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 one care record confirmed this was maintained in line with the legislation and standards. The care record included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The care record also reflected the multi-professional input into the resident's 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. The care record reviewed was observed to be signed by the resident. Discussion with staff confirmed that a person centred approach underpinned practice.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

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. Staff confirmed that they had received training in communication/customer care.

Minutes of resident and/or their representative meetings were reviewed during the inspection.

A review of one care record, 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.

Two completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

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.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Residents 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, and 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 are held on a weekly basis.

Discussion with staff, and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities for example residents can go out to a local gym. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Two completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from residents were as follows

- "Staff are great"
- "The programme we get here is so good and I am well supported"
- "A great place to be as help is second to none"

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.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, Poster / leaflet etc. 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.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. 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. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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.

One monthly monitoring visit had not been undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. A requirement was made in this regard.

There was evidence of managerial staff being provided with additional training in governance and leadership. 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 employer's liability insurance certificate were displayed.

Review of records and discussion with the deputy manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The deputy manager confirmed that there were effective working relationships with internal and external stakeholders.

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.

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

Areas for improvement

One requirement was made in regard to a monthly monitoring visit which had not been undertaken.

Number of requirements	1	Number of recommendations	0
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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 James Small deputy manager as part of the inspection process. 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 RQIA's office (non- paperlite) 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

Statutory requirements

Requirement 1	The registered provider shall ensure weekly fire checks are completed.
Ref: Regulation 27.-(4) (f) Stated: First time	Response by registered provider detailing the actions taken: <i>This role has been allocated to a member of staff.</i>
To be completed by: 5 May 2017	
Requirement 2	The registered provider shall ensure all monthly monitoring visits are completed.
Ref: Regulation 29(3) Stated: First time To be completed by: 4 May 2017	Response by registered provider detailing the actions taken: <i>New system implemented to ensure monthly visits are undertaken.</i>



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