

# Unannounced Care Inspection Report 7 July 2016



## Carlisle House

Residential Care Home

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Inspector: Patricia Galbraith

[www.rqia.org.uk](http://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 7 July 2016 from 10.30 to 15.30.

### Is care safe?

One recommendation was made in regard to the delivery of safe care this related to the updating of the homes safeguarding policy and procedure. There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, recruitment practice, adult safeguarding, infection prevention and control, risk management and the home's environment.

### Is care effective?

No requirements or recommendations were made in regard to the delivery of effective care. There were examples of best practice found throughout the inspection in relation to care records, audits and reviews and communication between residents, staff and other key stakeholders.

### Is care compassionate?

No requirements or recommendations were made in regard to the delivery of compassionate care. There were examples of best practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views of residents.

### Is the service well led?

No requirements or recommendations were made in regard to the delivery of a well led service. There were examples of best practice found throughout the inspection in relation to governance arrangements, 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Douglas Ross, delegated project worker in charge 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 pharmacy inspection

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

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

## 3.0 Methods/processes

Prior to inspection the following records were analysed: the report from the most recent care inspection and notifications of accidents and incidents.

During the inspection the inspector met with two residents individually and with others in groups, the delegated project worker in charge, and two other project workers, one domestic assistant, and the cook. No visiting professionals were present.

Ten resident views, six resident representative views and ten staff views questionnaires were left in the home for completion and return to RQIA. Four resident views questionnaires, and five staff views questionnaires were returned to RQIA. The information contained within the questionnaires reflected general satisfaction with the services provided within the home.

The following records were examined during the inspection:

- Staff duty rota
- Staff training schedule/records
- resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents, outbreaks), complaints, environment, catering
- Infection control records
- Accident / incident / notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance records of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Safe guarding policy

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 14 December 2015

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

### 4.2 Review of requirements and recommendations from the last care inspection dated 23 July 2015

No requirements or recommendations were made as a result of the previous care inspection.

### 4.3 Is care safe?

The project worker in charge 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.

On the day of inspection the following staff were on duty

- 5 x project workers (one designated to be in charge in absence of registered and deputy manager)
- 1 x cook
- 2 x senior support workers were scheduled to be on overnight duty.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided.

The adult safeguarding policies and procedures in place were not consistent with current regional guidance a recommendation was made in this regard.

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 to whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the project worker, review of accident and incidents notifications, review of care records and review of complaints 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 project worker confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the project worker identified that the home did not accommodate any individuals whose needs could not be met. Review of care records

identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home.

The project worker confirmed that no areas of restrictive practice were employed within the home. On the day of the inspection no obvious restrictive practices were observed to be in use.

The project worker confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the project worker 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.

Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of 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.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors.

The project worker reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust procedures and would be reported to the Public Health Agency and to RQIA. Records would be retained.

A general inspection of the home was undertaken to examine the communal lounges and the dining room. The residents' bedrooms were personalised and had personal items. The home was fresh smelling, clean and appropriately heated. The homes heating system had been up dated residents and staff reported it was a great improvement.

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 project worker confirmed that action plans were in place to reduce the risk where possible.

The project worker confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment valid until April 2017 identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed the most recent one dated 4 March 2016 and records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

### Areas for improvement

There was one area of improvement in this domain relating to updating the homes safe guarding policy and procedure.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.4 Is care effective?

Discussion with the project worker established that staff in the home responded appropriately to and met the assessed needs of the residents.

The project worker confirmed that care records included 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 records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. For example some residents like to participate in going out walking and this is facilitated.

The project worker confirmed there had been a multi-professional input into the service users' health and social care needs. The project worker confirmed that records were stored safely and securely in line with data protection.

The project worker confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents, complaints, environment, catering were available for inspection and evidenced that actions identified for improvement were incorporated into practice. Further evidence of audits was contained within the monthly monitoring visits reports and the annual quality report for example residents made a complaint about the meals and their complaint was acted on immediately and outcome documented.

The project worker confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the project worker and staff confirmed that management operated an open door policy in regard to communication within the home. The senior staff have a weekly meeting with the manager and monthly meetings with other staff members. Records reviewed confirmed this. Residents fill out a satisfaction questionnaire at the end of their six week programme.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

#### Areas for improvement

There were no areas identified for improvement.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 4.5 Is care compassionate?

The project worker confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The project worker confirmed that consent was sought in relation to care and treatment. Residents, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example the importance of discussing resident's plan of care away from others.

Discussion with staff, and residents, observation of practice confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were

in place for residents to maintain links with their friends, families and wider community. There is a full therapy programme for residents which they cover in their six weeks in the home. These include group sessions and individual therapy sessions.

The project worker confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The project worker confirmed that 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.

There were systems in place to ensure that the views and opinions of residents, and their representatives, were sought and taken into account in all matters affecting them. For example there is a comments book left in the dining room and after each meal residents can comment on how satisfied they were with their meal.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required. Such improvements included the heating system had been up dated.

Residents confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

### Areas for improvement

There were no areas identified for improvement.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.6 Is the service well led?

The project worker confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

A range of policies and procedures were 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 should changes occur.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their

representatives were made aware of the process 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 established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

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. The registered manager confirmed the home had 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 this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

The project worker confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.



The project worker confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The project worker confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The project worker confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The project worker 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.

### Areas for improvement

There were no areas identified for improvement.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Douglas Ross project worker 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 may enhance service, quality and delivery.

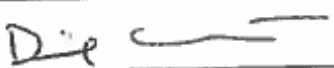
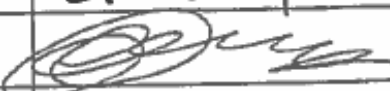
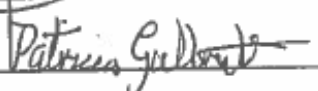
## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to RQIA's office for review 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

Recommendations	
<b>Recommendation 1</b>  Ref: Standard 21.5  Stated: First time  To be completed by: 15 August 2016	The registered provider should ensure the safe guarding policy and procedure is up dated.  Response by registered provider detailing the actions taken: * Policy is in process of being updated by PCSW.

Name of Registered Manager/Person Completing QIP:	DAVID CUTHBERT		
Signature of Registered Manager/Person Completing QIP:		Date completed:	3/10/16
Name of Registered Provider Approving QIP:	Lindsay Conway		
Registered Provider Approving QIP:		Date approved:	
RQIA inspector Assessing Response		Date:	3-2-17



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