

# Unannounced Care Inspection Report 8 March 2018



## De La Cour House

**Type of Service: Residential Care Home**  
**Address: 48 Woodcot Avenue, Belfast, BT5 5JB**  
**Tel No: 028 9073 9848**  
**Inspector: Bronagh Duggan**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home with 13 beds that provides care for residents accommodated under the categories of care as outlined in section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Clanmill Housing Association  <b>Responsible Individual:</b> Clare Imogen McCarty	<b>Registered Manager:</b> Andrew Johnston
<b>Person in charge at the time of inspection:</b> Andrew Johnston	<b>Date manager registered:</b> Andrew Johnston - application received - "registration pending".
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia	<b>Number of registered places:</b> 13 Maximum of 6 residents in category RC-DE

### 4.0 Inspection summary

An unannounced care inspection took place on 8 March 2018 from 10.30 to 18.00.

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

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

Evidence of good practice was found in relation to induction, communication between residents, staff and other key stakeholders, the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents, management of incidents and maintaining good working relationships.

Areas requiring improvement were identified in relation to ensuring signage was appropriately positioned regarding the use of oxygen, environmental improvements, updating an identified care plan, ensuring staff were trained regarding the use of oxygen therapy and to ensure a policy and procedure was in place regarding the use and handling of oxygen in the home.

Residents said they were very happy, the staff were very good, and De La Cour House was a great place to live.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Andrew Johnston, 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.

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 29 August 2017.

## 5.0 How we inspect

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

During the inspection the inspector met with six residents, two care staff and the manager.

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

A lay assessor Frances McCluskey was present during the inspection and comments they received from residents are included within this report.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 7 December 2017

The most recent inspection of the home was an unannounced medicines management inspection. There were no areas for improvement identified as a result of this inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 29 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time	The registered person shall ensure domestic cover arrangements are reviewed and also ensure the development of a detailed cleaning schedule.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of records maintained in the home confirmed domestic arrangements had been reviewed and a cleaning schedule was in place.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the assessment and care plan for the identified resident is reviewed and updated.</p> <p>Ref: 6.5</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager confirmed the assessment and care plan had been updated and the resident's circumstances had changed following the inspection.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 20.15</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the onward reporting of all notifiable events including accidents and incidents to RQIA and other relevant organisations.</p> <p>Ref: 6.7</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of accident and incident records in the home and discussion with the manager confirmed these had been reported accordingly.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 29.6</p> <p><b>Stated:</b> Second time</p>	<p>The registered provider should ensure every staff member completes a fire drill at least once per annum.</p> <p>Ref: 6.2</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the manager and review of records showed all staff with the exception of one had completed a fire drill in the last year. The manager confirmed the remaining staff member would be included in a fire drill without delay.</p>		

## 6.3 Inspection findings

### 6.4 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The 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. Some dissatisfaction was expressed regarding staffing cover levels during discussion with staff, who felt the home would benefit from access to a larger pool if a shortage arose.

This was shared with the manager who confirmed staffing levels were sufficient to meet the needs of the residents and were regularly reviewed. During the inspection staffing levels observed were satisfactory and resident's needs were met. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of one completed induction record and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A record for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The 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 sample of one completed staff competency and capability assessment was reviewed and found to be satisfactory.

Discussion with the manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance. Discussion with staff confirmed that they were aware of the 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.



The manager advised there had been no recent safeguarding referrals. The manager confirmed that all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and written records would be retained.

The manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the 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 manager confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry system and pressure alarm mats. Discussion with the manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The manager confirmed there were risk management policy and procedures in place. Discussion with the 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. fire safety.

Staff training records confirmed that all staff had received training in Infection Prevention and Control (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 manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home 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. A number of environmental improvements were identified. These included; wall tiles should be secured to an identified ensuite area as some had been removed and others were loose, flooring and panelling in the downstairs toilet area should be improved upon, and the resident's kitchen area should be repainted. These were identified as areas for improvement to ensure compliance with the standards.

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. Discussion with the manager confirmed that risk assessments and action plans were in place to reduce risk where possible. The need to ensure clear signage was in place in the home pertaining to the use and storage of oxygen was discussed with the manager. This was identified as an area for improvement to comply with the standards.



The manager advised the most recent fire risk assessment had taken place on 27 February 2018, the report was not available at the time of inspection. The manager confirmed any recommendations made would be addressed. This shall be followed up at a future inspection.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 27 November 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

Comments received from staff included:

- “Staffing is ok usually, but it would be good if there were banking staff arrangements.”

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

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff induction and infection prevention and control.

**Areas for improvement**

Two areas for improvement were identified during the inspection these related to the use of signage highlighting that oxygen in use and environmental improvements.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome**

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

Three care records were reviewed and they 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 (e.g. manual handling, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

It was noted however that one of the care records lacked information regarding the plan of care relating to managing of a specific therapy. The identified residents care plan should be updated to clearly show the care required and how this is to be achieved. This was identified as an area for improvement to comply with the regulations.

In addition the manager was advised to ensure staff are trained with regard to the administration of oxygen. This was identified as an area for improvement to comply with the standards.

The care records reflected the multi-professional input into the residents’ 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. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice for example residents chose their rising and retiring times.

The 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 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. Minutes of resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

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

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

**Areas for improvement**

Two areas for improvement were identified during the inspection relating to updating the identified care plan and ensuring staff are trained regarding the use of oxygen therapy.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	1

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The 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 for example the daily menu was on display.

The 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 for example ensuring the handover is completed in the office.

The 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, 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, annual reviews etc.

Arrangements were in place for residents to maintain links with their friends, families and wider community for example the manager confirmed day trips were being planned for the spring time. Records in the home confirmed this. Residents had visited the Ulster Museum. Residents would also participate in regular coffee mornings, church groups and quizzes. The manager confirmed activities arrangements in the home were due to be reviewed, due to staff changes this shall be followed up in a future inspection.

Residents spoken with during the inspection made the following comments:

- "I am very happy and enjoy my life here. I am retired now and have a good life. Staff are excellent."
- "Staff are very , very good. Sometimes I can't remember and staff are there to help."
- "Care is good. Staff are very entertaining, very content."
- "Very pleased with care, the staff are excellent, very caring."
- "Great place to live. Great to be near family so that they can visit. Staff help whenever I need them."

Comments received from staff included:

- "I love working here, it feels like the residents are an extension to your family."

Seven completed questionnaires were returned to RQIA from residents, respondents described their level of satisfaction with this aspect of care as very satisfied.

## Areas of good practice

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.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The manager outlined the management arrangements and governance systems in place within the home. 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. The need to ensure a policy and procedure was developed regarding the ordering, receipt, handling, storage and administration of medical oxygen in the home was shared with the manager. This was identified as an area for improvement to comply with the standards.

There was a complaints policy and procedure in place, residents and/or their representatives were made aware of how to make a complaint by way of information displayed around the home.

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 viewed included details of any investigation undertaken, communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. The manager provided additional information regarding complaints management following the inspection.

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. Accidents and incidents were reviewed regularly.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example staff had completed training in dementia awareness, bereavement and oral hygiene.

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 to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular visits and updates.

The 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 was displayed appropriately.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

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

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The manager confirmed that staff could also access line management to raise concerns and that they will offer support to staff.

The 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.

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

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to management of incidents and maintaining good working relationships.

### **Areas for improvement**

One area for improvement was identified during the inspection this related to the development of a policy regarding the use of oxygen in the home.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Andrew Johnston, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16.(1)  <b>Stated:</b> First time  <b>To be completed by:</b> 15 March 2018	The registered person shall ensure the identified residents care plan is updated to clearly reflect how the specific therapy is managed.  <b>Ref:</b> 6.5  <b>Response by registered person detailing the actions taken:</b> The relevant care plan has been updated to reflect how therapy is managed
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28.1  <b>Stated:</b> First time  <b>To be completed by:</b> 15 March 2018	The registered person shall ensure clear signage was in place in the home pertaining to the use and storage of oxygen.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> Signage in place in relation to the use of oxygen in the home.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 8 May 2018	The registered person shall ensure the following environmental issues are addressed: <ul style="list-style-type: none"> <li>• wall tiles should be secured to the identified ensuite area</li> <li>• flooring and panelling in the downstairs toilet area should be improved upon</li> <li>• the residents kitchen area should be repainted</li> </ul> <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> Downstairs toilet improvements complete Works orders raised in relation to tiles and kitchen to be completed by May 2018
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 9.2  <b>Stated:</b> First time  <b>To be completed by:</b> 15 March 2018	The registered person shall ensure staff are trained with regard to administering oxygen.  <b>Ref:</b> 6.5  <b>Response by registered person detailing the actions taken:</b> Staff are trained in the use of oxygen



<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 30.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure a policy and procedure is developed regarding the ordering, receipt, handling, storage and administration of oxygen.</p> <p>Ref: 6.7</p>
<p><b>To be completed by:</b> 15 March 2018</p>	<p><b>Response by registered person detailing the actions taken:</b> Policy is already place in relation to oxygen</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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