

Unannounced Care Inspection Report

15 July 2016



De La Cour House

Type of Service: Residential

Address: 48 Woodcot Avenue, Belfast, BT5 SJB

Tel No: 02890739848

Inspector: Bronagh Duggan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of De La Cour House took place on 15 July 2016 from 10:30 to 17:30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

No requirements or recommendations were made in relation to this domain. Examples of good practice included staff induction, training, supervision and appraisal, adult safeguarding, and infection prevention and control procedures.

Is care effective?

Two recommendations were made in regards to the updating of an identified residents risk assessment contained within a care plan and to ensure care records were signed by the resident or their representative. Examples of good practice found throughout the inspection included multi-professional team reviews, close working with external stakeholders, residents' meetings, staff meetings and open communication.

Is care compassionate?

No requirements or recommendations were made in relation to this domain. 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 providing residents with individual opportunities to maintain community links.

Is the service well led?

No requirements or recommendations were made in relation to this domain. There were examples of good 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
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Maureen Corry, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered provider: Clanmill Housing Association	Registered manager: Mrs Maureen Corry
Person in charge of the home at the time of inspection: Mrs Maureen Corry	Date manager registered: 21/11/2013
Categories of care: RC-I	Number of registered places: 13

3.0 Methods/processes

Prior to inspection we analysed the following records: the returned Quality Improvement Plan, notifications of accidents and incidents received since the last care inspection and complaints returns.

During the inspection the inspector met with eleven residents, two care staff, and one visiting professional.

The following records were examined during the inspection:

- Three care records
- Staff training records
- Minutes of residents meetings
- Minutes of staff meetings
- Accident and incident records
- Complaints
- Monthly monitoring reports
- Fire Safety Risk Assessment
- Fire safety checks
- Annual Quality Review Report
- Staff recruitment files
- Competency and capability assessments
- Induction programme
- Statement of Purpose
- Residents Guide

The inspector left eight residents, six resident's representatives and six staff questionnaires to be distributed and returned to RQIA following the inspection. One completed questionnaire was returned in time for inclusion within this report.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 17/12/2015

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector. This QIP will be validated by the pharmacy inspector at their next inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 06/10/15

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 18 (2) (c) Stated: First time To be completed by: 3 November 2015	The registered manager must ensure there is a robust system in place to ensure furnishings brought into the home meet fire safety requirements. These checks should be carried out initially at admission and remain ongoing. Appropriate records should be maintained to reflect this.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of records maintained in the home showed all furnishing items are checked in to the home by staff. Information is provided to residents prior to admission in the residents agreement regarding fire safety. A brochure is also provided for residents prior to admission which identifies relevant fire safety requirements for furnishings.	
Requirement 2 Ref: Regulation 27 (2) (c) Stated: First time To be completed by: 29 October 2015	The registered manager must ensure that all electrical appliances brought into the home are subject to Portable Appliance Tests (PAT). These should be reviewed on a regular basis.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of records available in the home showed PAT tests had been completed for all electrical appliances in the home.	

<p>Requirement 3</p> <p>Ref: Regulation 3 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 3 November 2015</p>	<p>The registered manager must ensure the Statement of Purpose is amended to clearly reflect that rooms in the home are furnished. However should a resident choose to bring their own furnishings into their bedroom these must meet fire safety requirements.</p> <hr/> <p>Action taken as confirmed during the inspection: The Statement of Purpose had been updated to reflect that rooms in the home are furnished. However should a resident choose to bring their own furnishings into their bedroom these must meet fire safety requirements.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 4 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 3 November 2015</p>	<p>The registered manager must ensure the Residents Guide is amended to clearly reflect that rooms in the home are furnished. However should a resident choose to bring their own furnishings into their bedroom these must meet fire safety requirements.</p> <hr/> <p>Action taken as confirmed during the inspection: The residents guide had been updated to reflect that rooms in the home are furnished. However should a resident choose to bring their own furnishings into their bedroom these must meet fire safety requirements.</p>	<p>Met</p>
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection and ongoing.</p>	<p>The registered manager should ensure the identified residents records are completed and maintained in accordance with the information included in their care plan.</p> <hr/> <p>Action taken as confirmed during the inspection: The identified records had been completed and maintained in accordance with the information included in their care plan.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: 20 October 2015</p>	<p>The registered manager should ensure that the ceiling area in the main living area of the home is improved upon.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspection of the ceiling in the main living area showed that this had been improved upon.</p>	<p>Met</p>

Recommendation 3 Ref: Standard 27.1 Stated: First time To be completed by: 24 November 2015	The registered manager should ensure that the décor in the living area is improved upon. Reference to this is made to the paint work and ripples observed in the carpet.	Met
	Action taken as confirmed during the inspection: The main living area was repainted and had new flooring laid.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. On the day of the inspection there was no cook on duty the registered manager confirmed this had happened at short notice. The registered manager advised a contingency plan was in place for such circumstances with pre prepared food available in the freezer. All staff have completed basic food hygiene training, two staff on duty confirmed this situation was manageable on the day. No concerns were raised regarding staffing levels during discussion with residents, and staff.

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

- Registered manager
- Senior carer x1
- Care assistant x1

Between the hours of 13.30 to 14.30 there was an additional care assistant on duty. A staff change over occurred at 14.30 where staffing levels returned to registered manager, 1 x senior carer and 1x carer. Night duty consists of one wakened staff and one sleepover staff.

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

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

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of staff competency and capability assessments were reviewed and found to satisfactory.

Discussion with the registered 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 record were retained at the organisation's personnel department.

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

The adult safeguarding policies and procedures in place were consistent with the current regional guidance. The registered manager confirmed that there were plans in place to identify a safeguarding champion within the home.

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 registered 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 registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. 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.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered 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 registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

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.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered 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 clean, appropriately heated and generally fresh smelling. However, a strong odour was noted in one ground floor bathroom this was shared with the registered manager who confirmed this would be dealt with immediately at the time of the inspection.

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 registered 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 in place dated 11 January 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 25 April 2016; 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.

One completed questionnaire was returned to RQIA staff. The respondent was satisfied with the care provided.

Areas for improvement

There were no areas identified for improvement.

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

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

A review of three care records confirmed that these 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. The care records 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 resident.

However, from one of the care records inspected an inconsistency was noted with regard to the completion of a risk assessment. This issue was discussed with the registered manager who confirmed the information was not accurate. The level of risk was discussed with the registered manager. The need to ensure risk assessments including risk reduction measures accurately reflect the plan of care was discussed with the registered manager. A recommendation was made that the risk assessment should be amended accordingly.

Further to this a recommendation was made that the resident or their representative sign the care plan along with the staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this should be recorded.

Records available in the home showed residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned

practice. For example staff shared that some residents have specific chores that they like to complete in the dining room on daily basis. This was observed during the inspection.

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 registered manager 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 care review, accidents and incidents (including falls) and environment were available for inspection. Further evidence of audit was contained within the monthly monitoring visits reports. The registered manager confirmed the questionnaires were being compiled to gather the views of residents and representatives for inclusion within the homes annual quality report. This report shall be reviewed during the next care inspection.

The registered 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 registered 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 and other key stakeholders. Minutes of resident meetings were available for inspection. These were held on a regular basis.

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. One completed questionnaire was returned to RQIA from staff. The respondent was satisfied with the care provided.

Areas for improvement

Two areas for improvement were identified in relation to updating an identified risk assessment and ensuring an identified care plan is signed by the resident or their representative.

Number of requirements	0	Number of recommendations:	2
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4.5 Is care compassionate?

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

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff, and residents confirmed that residents’ spiritual and cultural needs were met within the home.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity. Staff

were also able to demonstrate how residents' confidentiality was protected. For example not speaking about residents care needs in front of other residents.

Discussion with staff, 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 participating in chores around the home, some residents visit local shops independently. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example social events are planned on a regular basis where representatives are invited to attend.

The registered manager and staff 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.

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 residents guide provided upon admission to the home.

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 regular residents meetings, care reviews and annual satisfaction questionnaires.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation are collated into a summary report which is made available for residents and other interested parties to read.

Residents confirmed that their views and opinions were taken into account in all matters affecting them.

One completed questionnaire was returned to RQIA from staff. The respondent was satisfied with the care provided.

Comments received from resident during the inspection were as follows:

- "This is a good place, I like to help out when I can. Everyone is very good."
- "They are all very good. I'm glad to be here, I can't complain about anything."
- "The care is very good, the staff are good."
- "This is a good place, we have whatever we need. The food could be better."

Areas for improvement

There were no areas identified for improvement.

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

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

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 with RQIA.

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 as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, and 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 included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

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 available for inspection.

The Falls Prevention Toolkit was discussed with the registered manager and advice given on how to implement this.

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 registered manager confirmed that information in regard to current best practice guidelines was made available to staff including safeguarding, nutritional information. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

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 registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home by regular meetings and updates.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager 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 registered manager 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. 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 registered 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.

One completed questionnaire was returned to RQIA from staff. The respondent was satisfied with the care provided.

Areas for improvement

There were no areas identified for improvement.

Number of requirements	0	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 this QIP were discussed with Mrs Maureen Corry, Registered 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 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 care.team@rqia.org.uk 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

<p>Recommendation 1</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 15 September 2016</p>	<p>The registered provider should ensure the identified risk assessment is updated accordingly.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p>
<p>Recommendation 2</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be completed by: 15 September 2016</p>	<p>The registered provider should ensure that the identified resident or their representative sign the care plan along with the staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this should be recorded.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p>

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



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A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk