



Unannounced Care Inspection Report 17 September 2019



De La Cour House

Type of Service: Residential Care Home
Address: 48 Woodcot Avenue, Belfast BT5 5JB
Tel No: 02890739848
Inspector: Bronagh Duggan

www.rqia.org.uk

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 13 residents within the categories of care as outlined in Section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Clanmil Housing Association Responsible Individual: Clare Imogen McCarty	Registered Manager and date registered: Geraldine Boyce 21 March 2019
Person in charge at the time of inspection: Elaine Lecky – senior carer	Number of registered places: 13 Maximum of 6 residents in RC-DE category of care.
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 13

4.0 Inspection summary

An unannounced inspection took place on 17 September 2019 from 11.15 hours to 17.15 hours.

The inspection assessed progress with all areas for improvement identified in the home 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 staffing, staff training, care records, reviews, the culture and ethos of the home and maintaining good working relationships.

Areas requiring improvement were identified in relation to ensuring the availability of monthly monitoring reports in the home. One area relating to the management of fire doors has been stated for the second time.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	0

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Elaine Lecky, senior carer, as part of the inspection process. Feedback was also given to the registered manager Geraldine Boyce following the inspection. 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 inspection dated 25 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 25 March 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspection, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No completed questionnaires were returned within the identified timescale.

During the inspection a sample of records was examined which included:

- staff duty rotas
- staff training schedule and training records
- three residents’ records of care
- NISCC information
- complaint records
- compliment records
- governance audits/records
- minutes of staff meetings
- minutes of residents meetings
- fire safety checks
- fire safety risk assessment
- accident/incident records from March to September 2019
- reports of visits by the registered provider
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 last care inspection dated 25 March 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure adequate precautions against the risk of fire are in place in the home including appropriate management of fire doors.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>During the inspection two fire doors were observed as being propped open.</p> <p>This area for improvement was not met and has been stated for a second time in the QIP appended to this report.</p>	Not met

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 24.5 Stated: Second time	The registered person shall ensure staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.	Met
	Action taken as confirmed during the inspection: Discussion with the person in charge and review of records showed arrangements were in place to ensure staff had a recorded annual appraisal.	
Area for improvement 2 Ref: Standard 23.6 Stated: Second time	The registered person shall ensure a record is kept in the home of all training; this includes the names and signatures of those attending the training event, the date of the training, the name and qualification of the trainer or the training agency, and content of the training programme.	Met
	Action taken as confirmed during the inspection: Discussion with the person in charge and review of a sample of records showed relevant information was maintained regarding training provided in the home.	

6.2 Inspection findings

6.3 Is care safe?

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

On arrival we observed the home was comfortably heated and welcoming. All residents appeared well cared for, appropriately dressed, with obvious time and attention afforded to personal care needs. Some residents sat within the lounge watching TV, others were relaxing in their bedrooms.

The person in charge explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers would be adjusted when needed. The person in charge advised there had been recent recruitment to increase staffing levels during the afternoon/evening periods. Discussions with staff confirmed the increased staffing levels had a positive impact; no concerns were raised by residents or staff regarding staffing levels in the home. Residents spoken with confirmed staff were available to help when needed.

The person in charge explained that all care staff were registered with the Northern Ireland Social Care Council (NISCC) and that registrations were tracked and regularly reviewed. Information was shared which confirmed this.

Staff spoken with said they received good support from the manager who was described as being "very approachable". Staff confirmed they also received regular supervision and appraisal. Information available in the home showed annual appraisals were completed for staff in the home.

Staff training schedules reviewed evidenced that mandatory training was being provided for staff and maintained on an up to date basis.

The person in charge outlined the arrangements for the adult safeguarding champion and appointed person for the home. Staff training in adult safeguarding was included within mandatory training records and staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse.

Accident and incident records were reviewed. The measures in place to minimise the risk of falls included, for example, fall risk assessments and referral to the trust occupational therapist regarding the provision of various aids and appliances to aid mobility as needed. The Falls Prevention Toolkit was discussed with the person in charge; the benefit of using this or a similar tool to ensure best practice with regard to falls management in the home was discussed.

An inspection of the home was undertaken. Residents' bedrooms were found to be personalised with items of memorabilia and special interests displayed. All areas within the home were observed to be comfortably heated, odour free and clean. There had been a good improvement made to the reception area of the home which was bright and welcoming since the previous inspection. Some environmental issues were identified during the inspection relating to panelling in an identified toilet area, the replacement of a specific toilet seat, and the provision of a thermometer in the main living area. Following the inspection the registered manager provided confirmation that the issues had been actioned accordingly. This shall be followed up at a future inspection.

We observed a good supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents. Review of training records showed staff completed training in infection prevention and control (IPC). Discussion with staff confirmed they were aware of procedures to reduce or minimise the risk of infection, the importance of handwashing, and outlined cleaning arrangements in the home in relation to various touch points.

Walkways throughout the home were kept clear; however, two fire doors were observed to be propped open during the inspection. This issue had been raised during the previous inspection and an area for improvement was identified. This has been stated for a second time in the QIP appended to this report. Records of fire safety checks and fire safety risk assessment were maintained on an up to date basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training, NISCC registration, adult safeguarding and improvements made to the home’s environment.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total numb of areas for improvement	0	0

6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff responded to residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

There was evidence within three residents’ care records reviewed that risk assessments were completed and reviewed on a regular basis. Risk assessments had been completed on falls management. A sample of three care records was reviewed; these were found to contain relevant information regarding how best to support the residents. Information included within the care plans, for example, included the residents’ preferred rising and retiring times, also if they wished for night checks to be completed. A good improvement was noted in the care plans reviewed.

Records showed residents were weighed upon admission to the home, and on a monthly basis thereafter or more frequently depending on the residents’ needs. Review of a sample of one care record showed that speech and language therapist (SALT) guidance was included within the resident’s care plan; the information was also shared for staff in the kitchen to easily access. Residents spoken with confirmed they were happy with the food provided. Review of minutes of residents’ meetings showed menus were a topic of discussion.

Regarding the dining experience we could see that the dining room was warm, clean and bright. There was a menu displayed in the dining room, the menu rotated on a three weekly basis. We could see that the portion sizes were good and there was a variety of cold drinks available. Tables were nicely set; the lunch service was relaxed but well organised. The residents said that they enjoyed the food in the home. Drinks and snacks were observed as being served during the day.

Comments from residents included:

- “The food is lovely, you can have something else if you want it. We talk about the food in our meetings.”
- “The food is lovely, only thing is you get too much.”
- “The food is very good, I have mine in my bedroom, that’s how I like it.”

The front door to the home was locked using a keypad system; other restrictive practices in use in the home included alarm mats. The person in charge confirmed if the use of an alarm mat was required this was reflected in the residents’ risk assessment and care plans accordingly and reviewed regularly. Discussion with the registered manager following the inspection confirmed preparations were being made regarding the implementation of the Mental Capacity Act legislation and training was planned for staff.

There was good evidence of effective team work staff confirmed they were kept up to date with any changes and they said there was good team work within the home. Staff demonstrated good knowledge of residents’ care needs and confirmed that all residents’ care needs were being met. Review of staff meeting minutes showed that the last meeting was held July 2019; actions were included. Staff also advised they were kept up to date regarding any changes during handovers at the beginning of each shift.

The person in charge explained review of residents’ progress was ongoing and there were regular updates provided to staff from visiting professionals, including occupational therapists and district nurses.

Staff spoken with confirmed they were aware of their roles and responsibilities within the team. Staff confirmed that if they had any concerns, they could raise these with the manager. Staff commented that the home’s manager was “very approachable”.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents interacting easily with staff.

Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

Throughout the inspection staff interactions with residents were observed to be compassionate with knowledge of residents’ preferences and assessed needs. There was a pleasant happy atmosphere within the home, with residents conversing with staff and each other in a relaxed manner.

Residents spoke openly with us, they appeared relaxed and content. Staff were observed to respond promptly to their requests for assistance.

Residents’ preferences and interests were reflected within care records and staff demonstrated good awareness and understanding of residents likes and dislikes. Care records reviewed outlined residents preferred activities and daily routines. Staff said that these were flexible and that resident choice was always a priority.

Staff described how they aim to promote residents independence, for example, by way of encouragement to help residents maintain their independence as best as possible.

Comments from residents included:

- “I am happy here, everyone is very nice.”
- “It’s a nice place, everything is very good, the staff are very good, there is always someone about if you need them. No complaints.”
- “They (staff) are very good, very helpful, will go out of their way (to help you).”

Activities such as arts, crafts, and church representatives’ visits, were available for residents. Residents are also given the opportunity to access events at a local resource centre. Discussions with residents confirmed that they liked to access the homes outside garden area. This was viewed during the inspection and was found to include a number of sensory experiences including chimes, water feature, and fresh smelling potted plants. Seating was also available for residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, and listening to and valuing resident and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 certificate of registration issued by RQIA was appropriately displayed in the front hall area of the home. This certificate identifies the management arrangements for the home and the maximum number of residents allowed to be accommodated in the home. Discussion with the person in charge and staff, and observations confirmed that the home was operating within its registered categories of care.

The person in charge outlined the organisational structure of the home and explained that the manager is supported by senior carers, carers and ancillary team of staff. Staff confirmed that the home's manager was 'very approachable' and they would have no problem in raising any issues with her. Staff we spoke with demonstrated good understanding of their roles and responsibilities.

Review of accidents and incidents records in the home showed these had been reported onwards accordingly, these were reviewed monthly.

Additional management oversight and quality assurance was undertaken by way of the monthly monitoring visits undertaken by the registered provider's representative. Review of reports for March to July 2019 showed views of residents were gathered; in addition, information in relation to care records, accidents and incidents, medicines management and complaints received was also viewed. The reports included action plans to address areas for improvement and were generally followed up on a monthly basis. It was noted there was no report available in the home for June 2019. This issue was discussed with the registered manager following the inspection. An area for improvement was identified.

The home had a complaints policy and procedure in place. Review of complaints records showed the outcome of the investigation undertaken and the complainant's level of satisfaction with the outcome.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

One area was identified for improvement in relation to ensuring all monthly monitoring reports are available in the home.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Elaine Lecky, senior carer, as part of the inspection process and shared with Geraldine Boyce, registered manager, following the inspection. 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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 17 September 2019</p>	<p>The registered person shall ensure adequate precautions against the risk of fire are in place in the home including appropriate management of fire doors.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: All staff in the Home have been given further supervision on the fire safety precautions taken in the Home. Manager and Seniors will monitor fire doors continually to ensure staff are not wedging doors open. Staff have been informed they risk disciplinary action being taken against them if this continues. Plans are now in place to put door closures linked to the fire alarm on all communal doors in the Home.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 29 (5)</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2019</p>	<p>The registered person shall ensure a copy of all monthly monitoring reports are maintained in the home and are available on request for identified persons.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The montly monitoring report for June has now been located and added to the file already in place</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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