



Unannounced Care Inspection Report 18 October 2018



De La Cour House

Type of Service: Residential Care Home

Address: 48 Woodcot Avenue, Belfast, BT5 5JB

Tel No: 028 9073 9848

Inspectors: Bronagh Duggan and Marie Claire Quinn

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 13 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Clanmill Housing Association Responsible Individual(s): Clare Imogen McCarty	Registered Manager: See below
Person in charge at the time of inspection: Andrew Gregg Johnston	Date manager registered: Andrew Gregg Johnston - registration pending
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: Total number 13 comprising: Maximum of 6 residents in RC- DE category of care

4.0 Inspection summary

An unannounced care inspection took place on 18 October 2018 from 10.30 to 18.50.

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 infection prevention and control, the home's environment, care reviews, communication between residents, staff and other interested parties, and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff annual appraisals, individual agreements, reporting of notifiable events, complaints records and staff training records.

Residents said they were happy with their life in the home and their relationship with staff.

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
Total number of areas for improvement	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Andrew Gregg 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 8 March 2018.

5.0 How we inspect

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

During the inspection the inspectors met with the registered manager, nine residents and four staff. In addition a senior manager from Clanmil Housing Association was also present for a time during the latter part of the inspection.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

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

- Staff duty rota
- Staff supervision and annual appraisal information
- Staff competency and capability assessments
- Staff training schedule and training records
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Sample of policies and procedures

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 8 March 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 8 March 2018

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
Area for improvement 1 Ref: Regulation 16.(1) Stated: First time	The registered person shall ensure the identified residents care plan is updated to clearly reflect how the specific therapy is managed. Ref: 6.5	Met
	Action taken as confirmed during the inspection: The registered manager confirmed the identified care plan had been updated to reflect how the therapy was managed. The record was not available for inspection as the manager confirmed the resident was no longer accommodated at the home. The manager confirmed he was aware of the need to ensure any resident who requires the relevant therapy has an appropriate and detailed care plan in place.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 28.1 Stated: First time	The registered person shall ensure clear signage was in place in the home pertaining to the use and storage of oxygen. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The manager confirmed signage had been put in place regarding the use and storage of oxygen but was no longer needed as there was no oxygen currently stored in the home. The manager confirmed appropriate signage would be put in place in the future if needed.	
Area for improvement 2 Ref: Standard 27.1 Stated: First time	The registered person shall ensure the following environmental issues are addressed: <ul style="list-style-type: none"> • wall tiles should be secured to the identified ensuite area • flooring and panelling in the downstairs toilet area should be improved upon • the residents kitchen area should be repainted Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of the environment confirmed the identified environmental improvements had been met.	
Area for improvement 3 Ref: Standard 9.2 Stated: First time	The registered person shall ensure staff are trained with regard to administering oxygen. Ref: 6.5	Met
	Action taken as confirmed during the inspection: The manager confirmed staff had completed training in relation to administering oxygen and provided written confirmation of same. The availability of training records is discussed later in this report.	

Area for improvement 4 Ref: Standard 30.1 Stated: First time	The registered person shall ensure a policy and procedure is developed regarding the ordering, receipt, handling, storage and administration of oxygen. Ref: 6.7	Met
	Action taken as confirmed during the inspection: A policy and procedure was in place regarding the ordering, receipt, handling, storage and administration of oxygen.	

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.

Upon arrival at the home the senior carer was in charge, the manager arrived at approximately 12.00. The senior carer advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were used in the home. The senior carer stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care.

No concerns were raised regarding staffing levels during discussion with residents. One staff shared their views regarding evening cover and felt this could be improved upon. The issue of staff numbers was discussed with the manager and visiting senior manager who advised that staffing levels across the home were currently being reviewed for both care and ancillary staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with staff confirmed that mandatory training and supervision of staff was regularly provided. Records of training and supervision information were reviewed during the inspection. Appraisal information was not available during the inspection. This was identified as an area for improvement to comply with the standards. The benefit of ensuring a schedule for supervision and appraisal was in place was discussed with the manager.

Discussion with the manager 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

The manager advised 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. During the inspection a completed recruitment checklist was made available with confirmation that relevant checks had been completed accordingly.

The manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment.

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

The adult safeguarding policy in place was consistent with the current regional policy and procedures. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

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.

There was an infection prevention and control (IPC) policy and procedure in place. Staff training records evidenced 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. 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 individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. fire safety etc. An estates checklist was left with the manager for completion and return to RQIA this was not returned in the identified timescale. This information was shared with the estates inspector for the home.

It was established that one resident smoked. A review of the care record of the resident identified that a risk assessment had been completed in relation to smoking.

The home had an up to date fire risk assessment in place dated 6 February 2018 and all recommendations had been actioned.

Review of staff training records confirmed that staff most recently completed fire safety training in July 2018. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the 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. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to infection prevention and control, risk management and the home's environment.

Areas for improvement

One area for improvement was identified during the inspection this related to the completion of annual appraisals of staff.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records.

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. During discussion with a senior manager from Clanmil Housing Association visiting the home he advised that the care record templates currently in use were being reviewed with a view to enhance the standard templates used. Progress with this shall be followed up at a future inspection.

The care records also 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. An individual agreement setting out the terms of residency was in place and appropriately signed in two of the three care records inspected. An individual agreement should be completed for the identified resident. This was identified as an area for improvement to comply with the standards.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example residents are supported with their preferred rising and retiring times.

A varied and nutritious diet was provided to meet the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required.

Discussion with staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals would be made to the multi-professional team regarding any areas of concern identified in a timely manner.

The manager advised that there were arrangements in place to monitor and review the effectiveness and quality of care delivered to residents at appropriate intervals which included the reports of the monthly visits by the registered provider.

The manager advised 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. Minutes of staff meetings and resident meetings were reviewed during the inspection and evidenced that these were held on a regular basis.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, latest RQIA inspection reports were on display or available on request for residents, their representatives and any other interested parties to read.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care reviews and communication between residents, staff and other interested parties.

Areas for improvement

One area for improvement was identified during the inspection this related to ensuring an individual agreement is in place for the identified resident.

	Regulations	Standards
Total number of areas for improvement	0	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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The manager advised 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.

The manager and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, and dignity. For example ensuring residents make choices on a daily basis regarding clothes they wear, activities they participate in and menu choices.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs 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 displayed in the dining room area of the home.

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 listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, suggestion box and visits by the registered provider.

Discussion with staff, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities for example reminiscence, baking or watching classic movies. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example visitors are welcome to the home.

Residents spoken with during the inspection made the following comments:

- "I can't complain, I have whatever I need."
- "The girls are all very nice."
- "It's perfect, I can't believe how fortunate I am, I go down for meals and activities, staff couldn't be more helpful."
- "This is the best place I have been, and I have been in a good few places."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 and stated that 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. The manager was also managing another home in the group located on a different site and was in De La Cour for approximately three days per week. On the day of the inspection prior to the manager's arrival the senior carer took the lead in the home. It was noted that much of the senior carers' time was taken up with the day to day oversight ensuring residents needs were met. The need to review the management and governance arrangements for the home and an identified sister home was discussed with the senior manager for Clanmil Housing Association, given the findings of the inspection. Assurances were given that the management and governance arrangements would be raised with the registered provider at organisational level and RQIA informed of the outcome.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records showed not all complaints information had been recorded appropriately. This issue was discussed with both the manager and the senior manager who advised the complaint investigation in question was still open at the time of inspection. The need to ensure there was reference information recorded was discussed. Recording of complaints information was identified as an area for improvement to comply with the standards.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of accident, incident and notifiable events showed that these had not been effectively documented and reported to RQIA in accordance with the legislation and procedures. This was identified as an area for improvement to comply with the regulations.

The manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training. Information was requested during the inspection to view training content which was reported to have been provided to staff in March 2018. This information was not available during the inspection. The manager was advised of the need to ensure relevant training records are maintained in the home including the names and signatures of those attending training, the date of the training, the name and qualification of the trainer or the training agency and content of the training programme. This was identified as an area for improvement to comply with the standards.

A visit by the registered provider 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, RQIA and any other interested parties to read. An action plan was developed to address any issues identified.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. However as stated earlier in this report the need to review the current organisational structure to ensure a robust governance process is in place was discussed with the manager and senior manager from Clanmil Housing Association. The manager stated that senior management were kept informed regarding the day to day running of the home through regular telephone calls, emails and visits to the home.

The manager reported 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.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. Staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas of good practice

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

Areas for improvement

Three areas for improvement were identified during the inspection these related to reporting of notifiable events, handling of complaints information, and ensuring adequate training records are maintained in the home.

	Regulations	Standards
Total number of areas for improvement	1	2

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 Gregg 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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 (1) Stated: First time To be completed by: 19 October 2018	<p>The registered person shall ensure RQIA are notified of all events as outlined in regulation 30 and within the identified timescales.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: As discussed with the Inspector at the time of visit, we are aware that one notifiable event was submitted outside of identified timescales. This has been addressed internally and it has been reinforced with all staff responsible for reporting of the required timescales.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 24.5 Stated: First time To be completed by: 18 December 2018	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff have received one to one supervisions over the year. The corporate appraisal system is under review for staff across the entire business and is due to be rolled out in 2019.</p>
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 19 October 2018	<p>The registered person shall ensure the identified resident has an individual agreement setting out the terms of residency regarding the services and facilities to be provided.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Actioned.</p>
Area for improvement 3 Ref: Standard 17.10 Stated: First time To be completed by: 19 October 2018	<p>The registered person shall ensure records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the action taken.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: As discussed with the Inspector at time of visit, this is normally our standard practice. However, the complaint referred to was dealt with by staff from outside the Home and a full record has been retained at Head Office. A reference point has been noted on the register within the Home.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 23.6</p> <p>Stated: First time</p> <p>To be completed by: 19 October 2019</p>	<p>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.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Full training records are currently held centrally by the Human Resources team and are available for review. In early 2019 full training record and reports will be available onsite to the Home Manager via a new computerised HR system.</p>
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Please ensure this document is completed in full and returned via Web Portal



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