



Unannounced Follow-up Care Inspection Report 25 March 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 provider 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 registered to provide care for the categories of care outlined in Section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Clanmil Housing Association Responsible Individuals: Clare Imogen McCarty	Registered Manager: Geraldine Boyce
Person in charge at the time of inspection: Geraldine Boyce	Date manager registered: 21 March 2019
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 13 Maximum of 6 residents in RC-DE category of care

4.0 Inspection summary

An unannounced inspection took place on 25 March 2019 from 10.20 to 15.40 hours.

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 primarily focused on following up on the previous QIP and reviewing meals and the mealtime experience in the home.

The following areas were examined during the inspection:

- follow up on the previous QIP
- meals and mealtimes
- environment

One new area for improvement was stated as a result of this inspection in relation to the management of fire doors. Two areas for improvement have been stated for a second time these related to staff appraisal and maintaining staff training records in the home.

Residents spoken with shared positive comments regarding their experiences in the home, their relationship with staff and the care received.

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	*2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Geraldine Boyce, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection. Two areas for improvement under the standards have been stated for a second time.

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 18 October 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 communications received since the previous inspection.

During the inspection the inspector met with 10 residents, three staff, and a visiting activities therapist. Ten questionnaires were provided for residents and or residents representatives to complete. A poster was provided for staff to answer questions online. Nine completed questionnaires were returned from residents within the identified timescale. Respondents indicated they were either very satisfied or satisfied with the care in the home. There were no questionnaires returned from staff in the identified timescale.

Several "Have we missed you" cards were left in the home for residents and or representatives not available on the day of inspection to contact RQIA if they had any issues or wished to talk about the inspection findings.

The following records were examined during the inspection:

- two care records
- accident and incident records
- complaints and compliments records
- individual agreement for one resident
- care review minutes
- menu records
- the home's certificate of registration

Areas for improvement 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 most recent inspection dated 18 October 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 18 October 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 30 (1) Stated: First time	The registered person shall ensure RQIA are notified of all events as outlined in regulation 30 and within the identified timescales.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of records maintained in the home showed RQIA was notified accordingly of reportable events.	
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: First 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.	Not met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed recorded annual appraisals had not been completed to date with staff. This area for improvement has been stated for a second time on the QIP appended to this report.	

<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 19 October 2018</p>	<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> <hr/> <p>Action taken as confirmed during the inspection: Review of records maintained showed an individual agreement was in place for the identified resident.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: 19 October 2018</p>	<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> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of complaints records showed they had been updated accordingly.</p>	<p>Met</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> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager confirmed relevant training records information was not available in the home. This area for improvement has been stated for a second time in the QIP appended to this report.</p>	<p>Not met</p>

6.3 Inspection findings

6.3.1 Meals and mealtimes

A varied and nutritious diet was provided to meet the individual and recorded dietary needs and preferences of the residents. The menu was rotated over a three weekly cycle. The menu offered a choice of meal each mealtime. Residents were involved in the planning of menus.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and

recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussions with staff confirmed that they were aware of matters concerning residents' eating and drinking as detailed in residents' care plans. An inspection of a sample of two residents' care records pertaining to eating and drinking was undertaken. These records were maintained in informative detail with account of prescribed needs and evaluations of care.

Meals were provided at conventional times throughout the day with drinks and snacks available in between. Residents can also have a snack or drink on request. Fresh drinking water was readily available. Residents can also have access to a small kitchen facility off the main sitting room area in the home.

The lunch time meal was appetising and nicely presented. The dining room was nicely facilitated. Tables were nicely set with choice of condiments. The daily menu was displayed on a notice board in the dining room. Staff advised that work was currently being undertaken to produce a picture menu for use in the home.

Discussions with residents during this inspection confirmed that they were satisfied with this area of care. Some of the comments made included statements such as:

- "The food is good."
- "The food is lovely, good choices."

The kitchen facility was tidy and well organised; discussion with the kitchen staff during the inspection confirmed they were aware of any specialist dietary requirements of residents.

6.3.2 The environment

The home was clean and tidy with furnishing maintained to a satisfactory standard. The manager advised plans were in place for the redecoration of the reception area of the home; evidence of this was available during the inspection.

Communal areas were comfortable and nicely facilitated; the manager confirmed plans were ongoing regarding environment improvements. Residents' bedrooms were comfortable and personalised.

The home was appropriately heated and fresh smelling.

It was noted during the inspection three fire doors were propped open on the ground floor, including the office and two residents' bedrooms. The issue of managing fire doors appropriately was discussed with the registered manager. This was identified as an area for improvement to comply with the regulations.

6.3.3 Residents' views

The inspector met with 10 residents in the home at the time of this inspection. In accordance with their capabilities, all residents advised/confirmed that they felt a good standard of care was provided for, that staff acted with kindness and support, they enjoyed the meals and that the overall general atmosphere was good.

Some of the comments made by residents included statements such as:

- “I am getting on the best, they are very kind, no complaints.”
- “It suits me very well here, I have no complaints about anyone. Meals suit me well. Anything that needs sorted is sorted. I feel very fortunate.”
- “I am getting on fine, the staff are nice, I am happy enough. Sometimes agency staff are used, they have different voices, I have to get used to voices.”
- “I like it alright, they (staff) are very helpful.”

6.3.4 Care practices

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Agency staff were being used in the home to cover staff sickness. The registered manager advised repeat bookings were made for agency staff to ensure the greatest consistency for residents. Staff spoke positively about their roles, duties and training. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management.

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.

Staff were knowledgeable of infection prevention and control measures used within the home.

Discussion with the registered manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents. It was also advised that the home did not accommodate any individuals whose assessed needs could not be met.

An inspection of a sample of two residents’ care records showed these were reviewed and updated accordingly to reflect any changes in the residents’ needs.

The general atmosphere in the home was relaxed, homely and supportive. Residents appeared content, relaxed and at ease with their interactions with staff and their environment. Staff interactions were found to be polite, friendly and warm.

Areas of good practice

There were areas of good practice found in relation to feedback from residents, general observations of care practices and staff’s knowledge and understanding of residents’ needs.

Areas for improvement

One new area for improvement was identified this was in relation to the management of fire doors.

	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 Geraldine Boyce, registered 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 27 (4) (b) Stated: First time	<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: 6.3.2</p>
To be completed by: Immediately and ongoing	Response by registered person detailing the actions taken: Plans are now in place by Maintenance Department to attach self closing devices to doors in the kitchen, hall and one residents room who likes to keep his door open.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 24.5 Stated: Second time	<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: 6.2</p>
To be completed by: 25 May 2019	Response by registered person detailing the actions taken: A programme of Annual Appraisal is currently taking place in the Home. A new process and form is being implemented across the organisation. This will take account of the regulatory requirements. The new annual timetable of appraisals at the home will commence and conclude from July 2019-September 2019.
Area for improvement 2 Ref: Standard 23.6 Stated: Second time	<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: 6.2</p>
To be completed by: 25 April 2019	Response by registered person detailing the actions taken: Training is a centralised admin function in Clanmil and part of a wider project implementation of a new HR and Payroll system to remove paper copies. Course contents and training credentials are kept centrally by the HR Business Partner. All training is signed for, up to date and applicable to job roles. Going forward, we will seek to provide a digital report that is up to date for the inspector to review online at the home. Clanmil are also happy to share this electronically as and when required.

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



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