

Unannounced Care Inspection Report 29 August 2017



De La Cour House

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

www.rqia.org.uk

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 that provides care for up to 13 residents including frail elderly and residents with dementia.

3.0 Service details

Organisation/Registered Provider: Clanmill Housing Association Responsible Individual(s): Clare Imogen McCarty	Registered Manager: Maureen Corry
Person in charge at the time of inspection: Jill Kirk until 14:00 Alana Bell from 14:00 onwards	Date manager registered: 21 November 2013
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Number of registered places: 13

4.0 Inspection summary

An unannounced care inspection took place on 29 August 2017 from 10:30 to 17:00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and 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 staff induction and training, communication between residents, staff and other key stakeholders and listening to and valuing residents and taking account of the views of residents.

Areas requiring improvement were identified in relation to the reviewing of domestic cover arrangements, to ensure the review and updating of the assessment and care plan for an identified resident, and ensure onward reporting of events including accidents and incidents to RQIA and other relevant organisations.

Residents and a representative said "I'm getting on very well here."; "they are all very good, the food is lovely" and "you can always tell the residents are well looked after".

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	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Jill Kirk senior carer and Alana Bell, acting senior carer, as part of the inspection process. The timescales for completion commence from the date of 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 9 February 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accident and incidents submitted to RQIA since the previous inspection report, complaints returns, the previous inspection report and the returned QIP.

During the inspection the inspector met with nine residents, two staff, and one residents' visitor/representative.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Eight questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls)
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance was recorded as met in three areas, one area was assessed as partially 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 9 February 2017

The most recent inspection of the home was an unannounced secondary 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 9 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 21.5 Stated: First time	The registered provider should ensure homes policy and procedure regarding infection prevention and control is reviewed and updated.	Met
	Action taken as confirmed during the inspection: An up to date infection prevention and control policy and procedure was made available this was found to be satisfactory.	
Area for improvement 2 Ref: Standard 28.5 Stated: First time	The registered provider should ensure all free standing furniture items in the home are risk assessed any identified issues should be actioned accordingly.	Met
	Action taken as confirmed during the inspection: The senior carer confirmed a risk assessment had been carried out and action was taken as necessary. Inspection of a sample of free standing furniture items in the home showed these had been secured.	

Area for improvement 3 Ref: Standard 29.6 Stated: First time	The registered provider should ensure every staff member completes a fire drill at least once per annum.	Partially met
	Action taken as confirmed during the inspection: Review of records maintained in the home showed 3 staff members were still due to complete a fire drill. This has been stated for a second time in the QIP appended to this report.	
Area for improvement 4 Ref: Standard 5.2 Stated: First time	The registered provider should ensure a needs assessment is completed for the identified resident.	Met
	Action taken as confirmed during the inspection: The senior care confirmed this had been done, and the resident had since moved on.	

6.3 Inspection findings

6.4 Is care safe?

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

The senior carer 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. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the senior carer 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 returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. It was noted that was due for updating, this shall be followed up during the next inspection.

The senior carer 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. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the senior carer confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

The adult safeguarding policy in place was consistent with the current regional guidance. A safeguarding champion had been identified. Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

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

The senior carer confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior carer identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The senior carer confirmed there were restrictive practices employed within the home, notably a keypad entry system and pressure alarm mats. Discussion with the senior carer regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The senior carer confirmed there were risk management policy and procedures in place. Discussion with the senior carer and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. fire safety etc.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. 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.

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 senior carer 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. Inspection of the bathroom areas on the ground floor found the floors were dirty and stained throughout the duration of the inspection. This issue was discussed with the senior carer. The need to ensure domestic cover arrangements were reviewed including the development of a detailed cleaning schedule was identified as an area for improvement to comply with standards.

Discussion with the senior carer 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 6 February 2017 information was provided in writing following the inspection to confirm all recommendations had been addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed in August 2017. Records were retained of staff who participated and any learning outcomes. As stated in section 6.3 of this report three staff were still due to complete a fire drill to comply with standards. This has been stated for a second time in the QIP appended to this report. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

Eight completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- "The home is well run with trained, qualified staff, training always ongoing. Premises are well maintained." (staff member)
- "The home is well run." (staff member)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training and risk management.

Areas for improvement

One area for improvement was identified in relation to ensuring domestic cover arrangements were reviewed and also to ensure the development of a detailed cleaning schedule.

	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 senior carer established that staff in the home responded appropriately to and met the assessed needs of the residents.

Three care records were reviewed two care records 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. It was noted from the records reviewed the needs of one identified resident had changed, the need to ensure the residents assessment and care plan was updated accordingly to reflect the change in needs was identified as an area for improvement to comply with standards. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice for example residents are encouraged to maintain individual interests such as knitting and choosing rising and retiring times.

The senior carer 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 accidents and incidents (including falls), environment and catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The senior carer 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 senior carer and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and one representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

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

Eight completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- "Handover approximately 30 mins consists of 15 min care / cook handover 15 min senior handover verbal and written. Staff/ residents meetings regularly take place with action plan." (staff member)

Areas of good practice

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

Areas for improvement

One area for improvement was identified regarding the review and updating of the assessment and care plan for an 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.

The senior carer confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and one representative confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

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 choice is displayed on a notice board in the dining room.

The senior carer, residents and representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, the representative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The senior carer and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and one representative spoken with confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them for example residents' meetings, annual reviews etc.

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

Discussion with staff, residents, one representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities for example arts and crafts, knitting and quizzes. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- "I'm getting on very well here, I'm very happy with my room and staff. I have all that I need".
- "They are all very good, the food is lovely".
- "No complaints from me, the food is lovely, the staff are great".
- "They are all very kind, will help you out. I'm happy enough no complaints from me".

Eight completed questionnaires were returned to RQIA from residents, residents representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

One resident's representative commented:

- "It is very good here, there's no rush. You can always tell the residents are well looked after. We are kept well informed of any changes".

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
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 senior carer outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

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

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and information displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

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, 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 generally effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. However, review of accident and incident records showed eleven occasions when incident reports had been completed but had not been forwarded to RQIA. This was identified as an area for improvement to comply with standards. The need to ensure staff completing the forms are proficient in the reporting procedure was shared with the registered manager following the inspection. The identified notifications were forwarded retrospectively to RQIA after the inspection. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

Discussion with the senior carer confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example staff had completed training in dementia awareness and bereavement.

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.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

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

Review of records and discussion with the senior carer and staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Eight completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- “The home is run effectively.” (staff member)
- “The home is well run in my opinion.” (staff member)

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to the onward reporting of notifiable events including accidents and incidents.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jill Kirk, senior carer and Alana Bell acting senior carer 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27.1 Stated: First time To be completed by: 28 September 2017	The registered person shall ensure domestic cover arrangements are reviewed and also ensure the development of a detailed cleaning schedule. Ref: 6.4 Response by registered person detailing the actions taken: cover arrangements reviewed and staff check communal areas regularly
Area for improvement 2 Ref: Standard 6.2 Stated: First time To be completed by: 14 September 2017	The registered person shall ensure the assessment and care plan for the identified resident is reviewed and updated. Ref: 6.5 Response by registered person detailing the actions taken: Care plan completed/updated
Area for improvement 3 Ref: Standard 20.15 Stated: First time To be completed by: 14 September 2017	The registered person shall ensure the onward reporting of all notifiable events including accidents and incidents to RQIA and other relevant organisations. Ref: 6.7 Response by registered person detailing the actions taken: All staff updated on incident reporting and signed up for portal
Area for improvement 4 Ref: Standard 29.6 Stated: Second time To be completed by: 28 September 2017	The registered provider should ensure every staff member completes a fire drill at least once per annum. Ref: 6.2 Response by registered person detailing the actions taken: Plan in place to ensure compliance going forward

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



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