



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: De La Cour House (1596)

Date of Inspection: 26 March 2015

Inspector's Name: Ruth Greer

Inspection ID: IN017304

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT

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1.0 General information

Name of Service:	De La Cour House
Address:	48 Woodcot Avenue Belfast BT5 5JB
Telephone number:	02890739848
E mail address:	maureen.corry@clanmil.org.uk
Registered Organisation/ Registered Provider:	Clare Imogen McCarty
Registered Manager:	Maureen Corry
Person in charge of the home at the time of inspection:	Mrs M Corry
Categories of care:	RC-I
Number of registered places:	13
Number of residents accommodated on Day of Inspection:	12
Scale of charges (per week):	Trust rates with a top up of £16 per week
Date and type of previous inspection:	Primary Announced Inspection 9 October 2014
Date and time of inspection:	Secondary Unannounced Inspection 27 March 2015 at 10.00am
Name of Inspector:	Ruth Greer

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

Standard 9 - Health and Social Care

The Health and Social Care Needs of Residents are Fully Addressed.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

De La Cour Residential Care home is situated in east Belfast convenient to shops, churches and bus routes.

The residential home is owned and operated by Clanmill Housing .Mrs Maureen Corry is manager of the home.

Accommodation for residents is provided in single rooms which are designed to maximum independence and contain en suite facilities and a small kitchenette area. There are 4 on the ground floor, eight on the first floor and one on the second floor. Access to the first floor is via a passenger lift and stairs.

The home shares the site and some of the communal accommodation with a sheltered housing scheme.

Communal lounge and dining areas are provided on the ground floor.

The home also provides for catering and laundry services.

The home is registered to provide care for a maximum of 13 persons under the following categories of care:

Residential care

DE **Dementia**
I **Old age not falling into any other category**

7.0 Summary of inspection

This secondary unannounced care inspection of De La Cour was undertaken by Ruth Greer on 27 March 2015 between the hours of 10 15 and 1 00. Mrs Corry was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed all areas as required within the timescales specified. The detail of the actions taken by Mrs Corry can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard 9 The Health and Social Care Needs of Residents are Fully Addressed. The home has been assessed as compliant with the requirements of this standard.

During the inspection the inspector met with residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be satisfactory. It was noted that visiting workmen were storing much of their electrical equipment under the main stairwell. This poses a fire risk as the staircase is a main escape route. A requirement has been made accordingly.

One requirement was made as a result of this secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, registered manager and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 9 October 2014

NO.	REGULATION REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	10.1	<p>The homes policy and procedure on Challenging Behaviour (2014) and Restraint (2012) should be further developed to reflect best practice guidance. The policy and procedure should outline the need to contact specialist services when behaviours become more difficult to manage. The policy and procedure should also reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It should also outline the need to notify RQIA on each occasion restraint is used.</p> <p>Ref:10</p>	<p>The policy has been reviewed and amended to include the details highlighted by this recommendation.</p>	Compliant
2	10.7	<p>The use of the fob system on the front door and the entry door to the first floor should be included in the homes statement of purpose.</p> <p>Ref:10</p>	<p>The statement of purpose has been reviewed and amended to include the detail highlighted in this recommendation.</p>	Compliant

3	10.1	Care staff should receive training on managing behaviours which challenge on an annual basis in keeping with RQIA guidance on mandatory training. Ref:10	Training in the area of challenging behaviours meets the minimum standards. Refresher training in this area is planned for 9 April 2015.	Compliant
4	13.1. Appendix 2, Residential Care Homes Minimum Standards 2011	The home should develop a policy and procedure for the Programme of Activities in the home as stipulated in the Residential Care Homes Minimum standards 2011. Ref:10	The policy on activities has been devised.	Compliant
5	13.4	The programme of activities format/print should be made larger, and the home should consider additional pictorial information to make the programme more visual for residents. Ref:10	The activity notice board showed the planned activities for the day of the inspection. The information was presented in written and pictorial form.	Compliant

9.0 Inspection Findings

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings:	
The care file of each resident contains the details as outlined in this criterion. When a new resident is admitted to the home he/she receives information on the local G P surgeries who service the home. Assistance is provided to complete the registration process and a doctor makes an initial visit to meet the resident.	Compliant
Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	COMPLIANCE LEVEL
Inspection Findings:	
One member of staff has recently completed the Dementia Facilitators course. Plans are underway to arrange staff meetings at which this information and learning can be disseminated to other staff. Training for staff in Dementia Awareness took place on 30 October 2014. Care files are available for staff to read and these contain up to date needs assessments and care plans. Agreed objectives are recorded and the care plans are regularly reviewed.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Daily progress notes are maintained and are updated at the completion of each shift. The notes show the input of care managers, GPs, dieticians and community nurses. A verbal hand over is given between the staff going off and those coming on duty.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Arrangements are in place for family members to accompany residents to hospital appointments. One resident for whom this is not an option is accompanied by her care manager. Families are informed by the senior staff member on duty of the outcome of any visit by any outside professional to a resident in the home.</p>	<p align="center">Compliant</p>

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings:	
There is a template within each care file which records the visits to or by all outside professional. This system ensures that the manager has an easy to access system to monitor all health and social care appointments	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
Personal items such as spectacles and dentures are cleaned each day as part of residents' daily hygiene regime. Each month a senior staff member completes a cleaning audit on walking aids, zimmers and wheelchairs. Hearing aids are sent to the audiology department of the Ulster hospital for maintenance. Commodes are not used in the home as each resident has en suite sanitary facilities.	Compliant

10.0 Additional Areas Examined

10.1 Resident's consultation

The inspector met with 8 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

"It's great here I never lift a finger - my food and laundry is all done for me."

10.2 Relatives/representative consultation

There were no relatives in the home

10.3 Staff consultation

On the day of the inspection the following staff were on duty to provide care for 12 residents –

Manager x 1
Senior Care Assistant x 1
Care Assistant x 1
Catering x 1
Domestic x 1

The inspector spoke with staff. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

10.4 Visiting professionals' consultation

No professional visited the home.

10.5 Environment

The inspector viewed the home Mrs Corry and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be satisfactory. There were workmen in the home undertaking electrical work. It was noted that much of their equipment was being stored under the stair well which was designated as a main escape route in the event of a fire. A requirement has been made in respect of combustible material being stored under a fire escape route.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Corry, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



No requirements or recommendations resulted from the **secondary unannounced** inspection of **De la Cour** which was undertaken on **26 March 2015** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

SIGNED: * *Clare McCarty*
 NAME: CLARE MCCARTY
 Registered Provider
 DATE 27/4/15

SIGNED: *M. Perry*
 NAME: MAUREEN COBBY
 Registered Manager
 DATE 27-4-15

Approved by:	Date
<u><i>Bronagh O'neill</i></u>	<u>18.5.15</u>