Unannounced Care Inspection Report
4 July 2016

Stewart Lodge

Type of Service: Residential Home
Address: 1 Ballyharry Heights, Newtownards, BT23 7GE
Tel No: 028 91 821 263
Inspector: Priscilla Clayton

1.0 Summary

An unannounced inspection of Stewart Lodge Residential Home took place on 4 July 2016 from 9.45 to 15.15.

The inspection sought to assess progress with any issues raised since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice in relation to staffing, provision of training, risk management and activities. Individual resident risk assessments were in place with measures to minimise risks reflected within care plans.

Two recommendations were made`"Adult Safeguarding Prevention Protection in Partnership" (July 2015). The home's fire risk assessment should be signed to indicate that action has been taken to address recommendations made.

Is care effective?

There were examples of good practice in relation to provision of effective care recorded within evaluations and reviews of care. Observation showed effective staff communication between residents/representatives.

One recommendation made related to ensuring staff supervision and appraisal meetings are recorded and retained.

Is care compassionate?

There were examples of good practice in relation to the culture and ethos of the home, listening and valuing residents and taking into account the views of residents/representatives. Staff interactions with residents were observed to respectful. Residents independence was promoted.

Two recommendations were made. One recommendation was made in relation to the development of resident /representative satisfaction questionnaires to find out what they think about the service and how improvement can be made. The second recommendation related to the recording and distribution of minutes of residents meetings.

Is the service well led?

Three recommendations and one requirement were identified for improvement. One requirement was made in relation to the undertaking and recording of competency and capability assessments with any person who is given responsibility of being in charge for any period of time when the registered manager is not in the home. Recommendations included the necessity to record accidents/incidents, the availability of a template for recording of complaints, and review of policies/procedures to ensure these are current.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	8

Details of the Quality Improvement Plan (QIP) within this report were discussed with Janet Stewart, registered 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.

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organization / registered provider: Stewart Lodge	**Registered manager:** Janet Stewart
Person in charge of the home at the time of inspection: Janet Stewart	**Date manager registered:** 1 April 2005
Categories of care: RC-DE, RC-I	**Number of registered places:** 8

3.0 Methods/processes

Prior to inspection the following records were analysed: the report from the previous care inspection and any notifications of accidents and incidents.

The inspector met with all residents, assistant manager, one visitor and the registered manager. No visiting professionals were present. Questionnaires were provided for distribution to residents (5), representatives (5), and staff (5) for completion and return to RQIA.

The following records were examined during the inspection:

- Three residents' care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Fire safety risk assessment
- Fire drill records
- The home's Statement of Purpose and Residents' Guide
- RQIA registration certificate
- Indemnity Insurance
- Staff duty rota
- Induction programme for new staff
- Staff training schedule/records
- One staff recruitment file
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policies and procedures manual

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 01/02/2016

There were no requirements of recommendations made as a result of the last care inspection.

4.2 Is care safe?

The registered manager confirmed the staffing levels for the home were satisfactory 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.
On the day of inspection the following staff were on duty; registered manager, assistant manager and one care staff member. A staff duty roster recorded and maintained.

Review of completed induction records and discussion with the manager and assistant manager evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with the assistant manager and review of staff training records confirmed that mandatory training, including adult safeguarding was provided as required.

Review of the home's recruitment and selection policy and procedure confirmed compliance with current employment legislation.

Discussion with the registered manager and review of one staff personnel file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Discussion with the registered and assistant manager confirmed they were aware of adult safeguarding procedure but not the new DHSSPS policy entitled Adult Safeguarding Prevention Protection in Partnership, July 2015 and the designated "Safeguarding Champion". One recommendation was made in this regard.

The registered manager confirmed that there were risk management procedures in regard to the safety of individual residents. The registered manager explained that the home only admitted people in accordance with the registered categories of care and did not accommodate any person whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments, for example; manual handling and falls risk assessments were undertaken and recorded.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards.

The registered manager confirmed that no areas of restrictive practice were employed within the home. On the day of the inspection no obvious restrictive practices were observed to be in use.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required and that responses were received in a timely manner.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that were appropriately maintained. For example COSHH and fire safety.

The registered manager confirmed that equipment (rollators and zimmer frames) in use were well maintained.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that staff had received training in IPC in line with their roles and responsibilities. Discussion with the registered manager and assistant manager established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of 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.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors.

The registered manager reported that there had been no outbreaks of infection within the last five years. Any outbreak would be managed in accordance with trust procedures and would be reported to the local Consultant in Communicable Disease Control and to RQIA. Records would be retained.

A general inspection of the home was undertaken. Residents' bedrooms were personalised with photographs, pictures and personal memorabilia. The home nicely decorated, appropriately furnished, fresh smelling, clean and comfortably 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, including those with sensory impairments.

The home's fire risk assessment was dated 15 March 2016. Seven recommendations were recorded. The registered manager stated recommendations made by the fire safety officer had been addressed. One recommendation made related to ensuring that each recommendation recorded in the fire risk assessment is signed by the registered person when action was taken.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 12 May 2015 and records retained of staff who participate. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly / monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs).

Areas for improvement

Two areas for improvement were identified in relation to review and revision of the Adult Safeguarding policy and signing the fire risk assessment when action was taken to address recommendations.

Number of requirements	**0**	**Number of recommendations**:	**2**

4.3 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents accommodated.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included 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 records were updated regularly to reflect the changing needs of the resident and reflected evidence of care reviews. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Care records examined also reflected a record of multi-professional input into the service users' health and social care needs. Resident agreements, setting out the terms of residency was appropriately signed and dated.

Discussion with the registered manager confirmed that a person centred approach underpinned practice. This was confirmed by residents and was reflected within care records examined. This evidenced that the care provided respects residents' needs and preferences and that consent is sought in respect of any care examination or treatment to be provided. This practice was also confirmed by residents.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre–admission information, multi-professional reviews, resident meetings, staff meetings and shift handovers. Discussion with the registered manager and residents confirmed that she operated an open door policy to everyone regarding communication within the home.

The provision of staff supervision and appraisal was discussed with the registered manager who explained that supervision had been provided in an informal way and that templates for recording were being developed through a consultancy recently commissioned. Supervision is an accountable, two way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.
One recommendation was made in regard to the maintenance of a record of individual annual appraisal and staff supervision, which should be held at least every six months.

Areas for improvement

One area for improvement was identified in relation to ensuring a record is retained of staff supervision and appraisal.

Number of requirements	**0**	**Number of recommendations**:	**1**

4.4 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with the registered manager, assistant manager and residents confirmed that the spiritual and cultural needs of residents were met within the home. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

The registered manager, residents and representatives confirmed that consent was sought in relation to care and treatment. Observation of staff interactions with residents demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example; discussions regarding their personal information would always be conducted in private or when the doctor or district nurse visited treatment would be provided in private, in their bedroom and care records are securely stored and only shared with consent gained from the resident.

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

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with residents 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; during needs assessment interviews, care planning, care reviews, through daily discussions and resident's meetings. Two recommendations were made. Firstly, the development and distribution of resident/representative questionnaires is recommended to find out what residents/representatives think about the service and how improvement can be made. Secondly, minutes of residents meeting should be recorded and a copy provided for residents. Currently reference of meetings held was recorded in the home's diary.

Residents confirmed they are consulted in during meetings and care reviews about the standard and quality of care. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required**.** Such improvements included development of new activities, social entertainment and redecoration of identified areas. This confirms that residents' views and opinions are acknowledged and addressed by the registered manager.

Areas for improvement

Two areas for improvement were identified in relation to development of resident satisfaction questionnaires and the recording and distribution of minutes of residents' meetings.

Number of requirements	**0**	**Number of recommendations**:	**2**

4.5 Is the service well led?

There was a clear organisational structure which was outlined in the home's Statement of purpose and Residents guide. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation.

The registered manager explained that an identified staff member, who is competent and capable, would be in charge of the home when she or the assistant manager is off duty. One requirement made related to ensuring that a competency and capability assessment is undertaken with any person who is given responsibility of being in charge for any period of time when the registered manager is not in the home.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration with RQIA and employers' liability insurance certificate were displayed.

The registered manager confirmed that the health and social care needs of residents were met in accordance with the home's Statement of Purpose which included the categories of care for which the home was registered.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Several policies were observed to be dated 2007. One recommendation was made in regard to ensuring policies are systematically reviewed every three years or when changes occur.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide and leaflets. Discussion with the registered manager and assistant manager confirmed that they were knowledgeable about how to receive and deal with complaints.

A complaints record book was retained. No complaints were recorded. The registered manager confirmed that none had been received since the previous inspection. One recommendation made related to the development of a template to record full details of any complaint received including all communication with complainants, investigation, outcome, action taken and resolution.

Accident / incidents were discussed with the registered manager. Review of notifications submitted to RQIA and the returned Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner.

One medication incident had been notified to RQIA. A copy of this notification was retained by the registered manager. One recommendation made related to ensuring a record is made of each accident/incident to include full details of any accident/incident occurring including investigation and lessons learned.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Records of training provided were retained.

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

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure. The registered manager confirmed that she operated an" open door" to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff.

Areas for improvement

Four areas for improvement were identified for improvement. These in related to recording of accidents / incidents, availability of a format for recording complaints and general review of policies and procedures.

Number of requirements	1	Number of recommendations:	3

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Janet Stewart, registered manager/registered provider and the assistant manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to *care.team@rqia.org.uk* for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 20 (3) **Stated:** First time **To be completed by:** 31 August 2016	The registered provider shall ensure that a competency and capability assessment is undertaken and recorded for any person who is given responsibility of being in charge for any period of time when the registered manager is not in the home.
	Response by registered provider detailing the actions taken: The Registered Provider is putting in place a competency and capability assessment for those in charge when the registered manager is not in the Home.
Recommendations	
Recommendation 1 **Ref**: Standard 16.1 **Stated:** First time **To be completed by:** 31 October 2016	The registered provider should review and revise the home's adult safeguarding policy to include guidelines as set within the new DHSSPS policy entitled "Adult Safeguarding Prevention Protection in Partnership" (July 2015) and designate an associated "Safeguarding Champion"
	Response by registered provider detailing the actions taken: The Registered Provider is reviewing , revising and updating its Safeguarding Policy as per July 2015 guideleines and will designate as associated "Safeguarding Champion".
Recommendation 2 **Ref**: Standard 28.5 **Stated:** First time **To be completed by:** 31 August 2016	The registered provider should ensure that each recommendation recorded within the fire risk assessment is signed and dated when action is taken.
	Response by registered provider detailing the actions taken: This has been noted and is being implemented. All recommendations have been signed off and are up-to-date.
Recommendation 3 **Ref**: Standard 1.2 **Stated:** First time **To be completed by:** 31 August 2016	The registered provider should ensure that minutes of residents' meetings held are recorded, retained and a copy given to residents.
	Response by registered provider detailing the actions taken: All resident meetings will be formally recorded as minutes and will be held on file. A copy will be given to all residents.

Recommendation 4 **Ref**: Standard 1.4 **Stated:** First time **To be completed by:** 31 October 2016	The registered provider should develop and distribute resident/representative questionnaires to find out what they think about the service and how improvement can be made.
	Response by registered provider detailing the actions taken: the Registered Provider developed a new resident/representative questionnaire to ascertain views on the service and how it can be improved.
Recommendation 5 **Ref**: Standard 21.5 **Stated:** First time **To be completed by:** 31 October 2016	The registered provider should ensure that policies are systematically reviewed every three years or when changes occur.
	Response by registered provider detailing the actions taken: The Home is reviewing a third of its policies every year or when changes occur. This will ensure that all policies are systemicatically reviewed on a three year basis.
Recommendations	
Recommendation 6 **Ref:** Standard 17.10 **Stated:** First time **To be completed by:** 31 October 2016	The registered provider should develop a template to record full details of any complaint received including all communication with complainants, investigation, outcome, action taken and resolution.
	Response by registered provider detailing the actions taken: The Home has reviewed its complaints policy, procedure and documentation. The Home has never received a complaint to date.
Recommendation 7 **Ref:** Standard 20.15 **Stated:** First time **To be completed by:** 31July 2016	The registered provider should ensure that a record is made of any accident/incident occurring which includes full details investigation and where appropriate lessons learned.
	Response by registered provider detailing the actions taken: The Home has sourced a new Accident/Incident Book which is now in use. This is Data Protection compliant.
Recommendation 8 **Ref:** Standard 24.2 **Stated:** First time **To be completed by:** 31July 2016	The registered manager should ensure that a record of individual formal staff supervision and annual appraisal is retained. Staff supervision should be held at least every six months.
	Response by registered provider detailing the actions taken: The Home has sourced the assistance of external consultants to assist with developing a new supervision and appraisal system based on employment best practices.

The Regulation and Quality Improvement Authority

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