

Unannounced Care Inspection Report 16 January 2017



Stewart Lodge

Type of service: Residential care home
Address: 1 Ballyharry Heights, Newtownards, BT23 7GE
Tel no: 0289182 1263
Inspector: Kylie Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Stewart Lodge Residential Home took place on 16 January 2017 from 10.30 to 14.00.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

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

One recommendation was stated for a second time in regard to supervision and appraisal.

Is care effective?

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

One recommendation was made in relation to completion of annual care reviews.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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

One recommendation was made in regards to notification of accidents and incidents.

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	0	3

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 care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 4 July 2016.

2.0 Service details

Registered organisation/registered person: Stewart Lodge/Janet Stewart	Registered manager: Mrs Janet Stewart
Person in charge of the home at the time of inspection: Janet Stewart	Date manager registered: 1 April 2005
Categories of care: I - Old age not falling within any other category DE – Dementia (for a maximum of 2 persons)	Number of registered places: 8

3.0 Methods/processes

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

The inspector met with five residents, the assistant manager and the registered manager.

The following records were examined during the inspection:

- Induction programme for new staff
- Annual appraisal template
- Four completed competency and capability assessments
- One staff recruitment file
- Three resident's care files
- Complaints and compliments records
- Accident/incident/notifiable events records
- Minutes of recent residents' meeting

- Fire safety risk assessment
- RQIA registration certificate
- Two policies and procedures
- A sample of the homes' questionnaires completed by residents and representatives

A total of nine questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Two questionnaires were returned within the requested timescale. These supported the findings during the inspection.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 4 August 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 4 July 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: Compliance was confirmed following inspection of four completed competency and capability assessments.</p>	<p>Met</p>

Last care inspection recommendations		Validation of compliance
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"	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the registered manager and inspection of the homes safeguarding policy and procedure.	
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.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following inspection of the fire risk assessment and discussion with the registered manager.	
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.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following inspection of the minutes of the last residents' meeting and discussion with 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.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following inspection of returned resident and representative questionnaires and discussion with residents and the registered manager.	

<p>Recommendation 5</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider should ensure that policies are systematically reviewed every three years or when changes occur.</p> <hr/> <p>Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the registered manager and review of two policies and procedures.</p>	Met
<p>Recommendation 6</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: Compliance was confirmed following inspection of the home's complaints policy and procedure. The registered manager confirmed that no complaints have been received.</p>	Met
<p>Recommendation 7</p> <p>Ref: Standard 20.15</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2016</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: Compliance was confirmed following inspection of accident/incident records.</p>	Met
<p>Recommendation 8</p> <p>Ref: Standard 24.2</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2016</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: The registered manager confirmed that although the home had obtained a new appraisal template, neither formal supervision nor annual appraisals had been undertaken. This is stated for the second time within this report.</p>	Not Met

4.3 Is care safe?

The registered manager 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.

Review of a completed induction record and discussion with the registered 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 registered manager and assistant manager confirmed that mandatory training was regularly provided. Although the registered manager had obtained a new template, neither annual staff appraisals nor staff supervision had not been carried out. This has been stated for the second time.

The registered manager and assistant manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the registered manager and review of a 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.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

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

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with the registered manager and assistant manager confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. They were knowledgeable and had a good understanding of adult safeguarding principles.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

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

Discussion with the registered manager established that she was knowledgeable and had understanding of Infection Prevention and Control 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.

Good standards of hand hygiene were observed to be promoted within the home among residents and staff. Notices promoting good hand hygiene were displayed.

The registered manager reported that there had been no outbreaks of infection since the last care inspection. 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.

An inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

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

The home had an up to date fire risk assessment in place dated 15 March 2016 and all recommendations were noted to be appropriately addressed.

The registered manager confirmed that staff completed fire safety training twice annually.

Areas for improvement

One area for improvement was identified, for the second time, in relation to the completion of staff supervision and annual appraisal.

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

4.4 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.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Two annual care reviews were overdue and a recommendation has been made to contact the commissioning trust and request that these are completed. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with the registered manager and residents confirmed that a person centred approach underpinned

practice. For example residents’ individual rising and retiring times and their daily routines are known and accommodated.

The registered manager 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. Residents confirmed that management operated an open door policy in regard to communication within the home and that staff were approachable.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

Minutes of the most recent resident’s meeting was reviewed during the inspection. The inspector discussed activities with the registered manager who agreed to include this topic for discussion at the next resident’s meeting.

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.

Five residents spoken with during the inspection made the following comments:

- “I’m very happy here.”
- “There is not a place in the world that is better than this.”
- “We’re all happy here.”

Areas for improvement

One area for improvement was identified in relation to the completion of annual care reviews.

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

The registered manager 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 the registered manager and assistant manager confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that staff supported their independence, and that they were treated with respect. Residents confirmed that they had choices and that their dignity and privacy was promoted.

The registered manager confirmed that consent was sought in relation to care and treatment.

The registered manager and assistant manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

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

There were systems in place to ensure that the views and opinions of residents, and their representatives, were sought and taken into account in all matters affecting them. For example: residents’ meetings, annual care reviews and questionnaires.

Discussion with the registered manager, assistant manager, residents and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example: residents’ independence is encouraged in activities of daily living, with assistance provided as necessary.

Residents commented that they would like to play more board games such as ludo and draughts. The registered manager and assistant manager confirmed that the home has these board games and stated that while residents are offered these activities on a regular basis, they prefer activities where they are entertained. The registered manager confirmed that activities would be included as an agenda item for the next residents meeting. There was evidence of a variety of entertainment type activities taking place throughout the year and such an activity was scheduled to take place later that day which involved prayer, music and singing. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Five residents spoken with during the inspection made the following comments:

- “I’m having visitors today and tomorrow.”
- “The food is good. If she has it you’ll get it.”
- “I like watching sport on TV.”
- “We have plenty of ministers (who visit).”
- “I like the company.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.6 Is the service well led?

The registered manager 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.

Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide.

The registered manager confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. The registered manager confirmed that there had been no complaints received.

The home had a complaints template in place to record the details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The registered manager confirmed that 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 effectively documented and reported to the resident's representative and other relevant organisations. While the home has a low level of accidents and incidents, a number of incidents pertaining to unplanned hospital admission as a result of illness had not been reported to RQIA in accordance with the legislation and procedures. A recommendation has been made in respect of this.

The registered manager confirmed that learning from incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that with the exception of completion of staff supervision and annual appraisal the registered provider responds to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

Discussion with the registered manager and assistant manager confirmed that there were good working relationships within the home 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. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

One area for improvement was identified in relation to notifying RQIA of unplanned hospital admissions.

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Janet Stewart, registered 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 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.

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/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment 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

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 24.2</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2017</p>	<p>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.</p>
	<p>Response by registered provider detailing the actions taken: This is currently in action.</p>
<p>Recommendation 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2017</p>	<p>The registered provider should contact the commissioning trust to arrange annual care reviews for residents.</p>
	<p>Response by registered provider detailing the actions taken: This has previously been undertaken, however, due to staff sickness at Trust this has postponed by them.</p>
<p>Recommendation 3</p> <p>Ref: Standard 20.15</p> <p>Stated: First time</p> <p>To be completed by: 20 February 2017</p>	<p>The registered provider should ensure that unplanned hospital admissions are notified to RQIA.</p>
	<p>Response by registered provider detailing the actions taken: All unplanned hospital admissions will be notified via Rqia portal.</p>

Please ensure this document is completed in full and returned to web portal from the authorised email address



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews