

Unannounced Care Inspection Report 19 September 2017



Stewart Lodge

Type of Service: Residential Care Home
Address: 1 Ballyharry Heights, Newtownards, BT23 7GE
Tel No: 028 9182 1263
Inspector: Kylie Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 8 beds that provides care for residents within the categories of care the home is registered for as described in the table in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Stewart Lodge Responsible Individual: Janet Stewart	Registered Manager: Janet Stewart
Person in charge at the time of inspection: Philip McFarland, assistant manager until the arrival of Janet Stewart, registered manager at 11:15	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 8 places comprising: 8 – I 2 – DE

4.0 Inspection summary

An unannounced care inspection took place on 19 September 2017 from 10:40 to 15:30.

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 the home's environment, communication between residents, staff and other key stakeholders and maintaining good working relationships.

One area requiring improvement was identified in regard to developing a care plan for the management of diabetes.

Residents and their representatives said that they were happy with the standard of care, the quality of the food, communication and the environment.

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	1

Details of the Quality Improvement Plan (QIP) 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.

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 16 January 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: the previous inspection report, the returned QIP and notifiable events.

During the inspection the inspector met with five residents, the registered manager, the assistant manager and four residents' visitors/representatives.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisals scheduled in the home's diary
- Four completed competency and capability assessments
- Staff training schedule/records
- Two resident's care records
- Care review records for five residents
- Compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meeting
- Fire safety risk assessment

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 16 January 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 16 January 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 24.2 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the registered manager, the assistant manager and confirmation of schedules in place.	
Area for improvement 2 Ref: Standard 11.1 Stated: First time	The registered provider should contact the commissioning trust to arrange annual care reviews for residents.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the registered manager and a review of five care review records.	

Area for improvement 3 Ref: Standard 20.15 Stated: First time	The registered provider should ensure that unplanned hospital admissions are notified to RQIA.	Met
	Action taken as confirmed during the inspection: The registered manager advised that there had been no unplanned hospital admissions since the previous inspection and gave assurances that notification would be made in respect of future unplanned attendance at hospital or admission into hospital.	

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 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 four residents, residents’ representatives and staff. One resident suggested that it would help if there was one more staff for an hour in the morning. This was shared with the registered manager and assistant manager.

A review of the duty roster confirmed that it did not fully reflect when the assistant manager was working during the day but it did reflect when he was on duty during the night. The registered manager gave assurances that this would be addressed immediately and later advised that this had been actioned.

A schedule for mandatory training and a diary for managing annual staff appraisals and staff supervision were maintained and reviewed during the inspection.

A review of four staff records 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.

The registered manager advised that no staff had been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

Arrangements were in place to monitor the registration status of staff with their professional body. The registered manager and assistant manager advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The registered manager advised that staff were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures and a copy was available for staff within the home. The registered manager and assistant manager 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 in June 2017.

The registered manager advised that that there had been no recent safeguarding investigations and 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; written records would be retained.

The registered manager advised there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager confirmed 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 registered manager advised there was one restriction currently employed within the home. This was in regard to the use of a keypad entry system to manage access into the home. One resident raised an issue regarding arrangements to manage risk pertaining to mobility. This was discussed with the registered manager who agreed to follow up immediately and later advised that this had been addressed.

The registered manager advised there were risk management policy and procedures in place. Discussion with the registered manager 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. Control of Substances Hazardous to Health (COSHH) and fire safety etc.

Review of staff training records confirmed that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Discussion with the registered manager established that she was 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.

The registered manager 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. 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. Discussion with the

registered manager 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 20 June 2017 and the registered manager advised that arrangements were being made to address the one recommendation made.

Review of staff training records confirmed that staff completed fire safety training twice annually. The registered manager advised that fire safety checks regarding 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) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to training, risk management and the home’s environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?
The right care, at the right time in the right place with the best outcome

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 two care records confirmed that these were largely 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 (e.g. manual handling, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. While care plans noted that a resident was diagnosed with diabetes, a care plan for the management of diabetes was not in place as recommended in the Public Health Agency (PHA) Best Practice Guidance for the management of diabetes in nursing and residential homes, February 2017. An area for improvement was identified. Action is required to comply with the standards.

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. Care records reviewed were observed to be signed by the resident and/or their representative. The registered manager advised that a person centred approach underpinned practice. The registered manager talked of facilitating residents who wanted an early breakfast, of contacting

a company to order recently published audio books on CD and of making individual meals for residents because they particularly enjoyed it, such as home- made chicken broth.

The registered manager advised that due to the size of the home, formal audits are not necessary as she had an oversight of the effectiveness and quality of care delivered to residents. The inspector advised that consideration should be given to developing audit tools/matrix to aid in the management of care records, staff supervision, appraisal, training etc.

The registered manager advised 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 registered manager and the assistant manager advised that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of a resident meeting 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 assistant manager, registered manager and a representative commented:

- “It’s hospitality with care.” (assistant manager)
- They (the staff team) are very good, they help each other out.” (registered manager)
- “If there is anything that’s not right, they give us a ring. We feel so blessed she is in here.”(representative)

Areas of good practice

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

Areas for improvement

One area for improvement was identified in regard to developing a care plan for the management of diabetes.

	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 registered manager advised 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 was in place which supported the delivery of compassionate care. Discussion with the registered manager, residents and their representatives confirmed that residents' spiritual and cultural needs, 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.

The registered manager, residents and their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives, the assistant manager and the registered manager along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. The registered manager confirmed her awareness of promoting residents' rights, independence and dignity. She was able to demonstrate how residents' confidentiality was protected.

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

Discussion with residents, representatives 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. The registered manager for example, spoke of the importance of daily conversation with the residents, of regular and prompt communication with their representatives and of residents' meetings and annual reviews.

Residents are consulted with, at least annually, about the quality of care and environment. The registered manager advised that a consultation was scheduled to take place during October 2017. The registered manager advised that findings from the consultation would be collated into a summary report and action plan and made available for residents and other interested parties to read. This may be reviewed during a future inspection.

Discussion with residents, and their 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.

Residents spoken with during the inspection made the following comments:

- "They are very good, very helpful."
- "The food is very good. They know what I like."
- "They look after you like gold-dust."
- "Preachers come from all faiths."
- "It's very good, the staff are very friendly and try to do as much as they can. I've a buzzer and I use it."
- "I enjoy reading. My (family) takes me out."
- "It's (standard of care) first class."
- "I go out for a walk every day and I read a lot."

Representatives spoken with during the inspection made the following comments:

- (The assistant manager) is a great cook. Great confidence it gives the families as (the registered manager) knows the residents and their ailments.”
- “Ministers come in. A hairdresser comes every week. They (the staff) are very kind.”

The registered manager commented:

- “Books and daily papers are delivered.”

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 registered manager outlined the management arrangements and governance systems in place within the home. 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.

The assistant manager advised that 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. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Residents and their representatives were made aware of how to make a complaint by way of the Residents Guide and information on display in the home. The registered manager was knowledgeable about how to receive and deal with complaints.

The registered manager advised that there had been no complaints received in the last year and was knowledgeable in regard to responding to complaints. Arrangements were in place to share information about complaints and compliments with staff.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the

legislation and procedures. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. The registered manager advised that staff will attend training in swallowing awareness this year and that training in diabetes awareness was planned for staff in the next six months.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with the registered manager who is also the responsible person identified that she had understanding of her role and responsibilities under the legislation.

The registered manager advised 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 employer’s liability insurance certificate were displayed.

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

Discussion with the registered manager and assistant manager established that they were knowledgeable regarding whistle-blowing. The registered manager advised that staff could also access line management to raise concerns and that they will offer support to staff.

The registered manager commented:

- “My staff are with me a long time and they know I want to know if there is anything.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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 if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2017</p>	<p>The registered person shall ensure that a care plan for the management of diabetes is developed for any resident diagnosed with the condition.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Care Plan has been implemented and is in place.</p>



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