

**Unannounced Care Inspection  
of  
Stewart Lodge**

**29 September 2015**

## 1. Summary of inspection

An unannounced care inspection took place on 29 September 2015 from 10.00 to 13.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was met.

Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. These were in regard to developing or improving policies and procedures and completing the homes 2014 annual quality review report. The registered manager agreed to follow-up a minor change in the homes Statement of Purpose.

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

### 1.1 Actions/enforcement taken following the last inspection

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

### 1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	4

The details of the QIP within this report were discussed with the Janet Stewart, Registered Manager/Registered Provider and Philip McFarland, Deputy Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/ Registered Person:</b> Janet Stewart	<b>Registered Manager:</b> Janet Stewart
<b>Person in charge of the home at the time of inspection:</b> Janet Stewart	<b>Date manager registered:</b> 01/4/2005
<b>Categories of care:</b> RC-DE, RC-I	<b>Number of registered places:</b> 8
<b>Number of residents accommodated on day of inspection: 7</b>	<b>Weekly tariff at time of inspection:</b> £490 to £505

### 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 1: Residents views and comments shape the quality of services and facilities provided by the home.**

### 4. Methods/process

Prior to inspection we analysed the following records: the incidents register; the returned Quality Improvement Plan from the previous care inspection.

During the inspection we met with five residents individually. We also met with the registered manager and the deputy manager.

We inspected the following records during the inspection: two care records; staff training records; policies and procedures associated with the areas inspected; minutes of resident meetings; daily communication record; records of meals provided and shower records.

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 08 January 2015. The completed QIP was returned and approved by the pharmacy inspector.

#### 5.2 Review of requirements and recommendations from the last care inspection

Previous inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27 (4)	The responsible person shall: make arrangements for persons working at the home to receive suitable training, from a competent person, in fire prevention. <ul style="list-style-type: none"> <li>• Make arrangements for all staff to have training in the fire precautions to be taken or observed in the home, including the action to be taken in case of fire. This training is provided by a competent person at the start of employment and is repeated at least twice every year</li> <li>• Records should be up to date</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Through discussions with the registered manager and an inspection of staff training records, we confirmed that this had been addressed.	

Previous inspection statutory requirements		Validation of compliance
<b>Requirement 2</b>  <b>Ref: 3 (1) (a) (b) (c)</b> <b>Schedule 1</b>	<p>The registered person shall compile in relation to the residential care home a written statement which shall consist of –</p> <p>(a) a statement of the aims and objectives of the home;</p> <p>(b) a statement as to the facilities and services which are to be provided by the registered person for residents; and</p> <p>(c) a statement as to the matters listed in Schedule 1.</p> <ul style="list-style-type: none"> <li>• Further improve information of all types of restraint which may be in use to meet the assessed needs of residents are stated and explained with reference to good practice guidelines including: the Human Rights Act (1998); DHSSPS (2005) Guidance on Restraint and Seclusion in Health and Personal Social Services and DHSSPS (2010) and Circular HSC/MHPD – MHU 1/10- revised. Deprivation of Liberty Safeguards (DOLS) – Interim Guidance.</li> <li>• It should clearly state the two categories of care the home is registered for, including numbers in each category</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Following an inspection of the Statement of Purpose, we confirmed that the categories of care the home is registered to accommodate had been included. However, we advised the registered manager that the numbers stated in each category of care was incorrect. The registered manager agreed to make the required changes immediately. The registered manager confirmed to us that following a review, no types of restraint were used in the home. The registered manager confirmed to us that the Statement of Purpose would be kept under review and updated as necessary.</p>	

Previous inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 10.1 10.2	Improve the policy and procedure on responding to behaviours, including responding to uncharacteristic behaviour and ensure that the following are fully reflected; Human Rights Act (1998); DHSSPS (2005) Guidance on Restraint and Seclusion in Health and Personal Social Services and DHSSPS (2010) and Circular HSC/MHPD – MHU 1/10- revised. Deprivation of Liberty Safeguards (DOLS) – Interim Guidance.	Partially Met
	<b>Action taken as confirmed during the inspection:</b> Following an inspection of the policy and procedure on responding to behaviours, we confirmed that it did not fully reflect the relevant good practice guidance documents. This has been re-stated.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 13.1	Develop a policy and procedure on activity and events.	Partially Met
	<b>Action taken as confirmed during the inspection:</b> We inspected the policy and procedure on activity and events. We recommend that improvements are made to fully reflect arrangements in place to demonstrate how Standard 13 Programme of activities and events is met. This has been re-stated.	

### Areas for improvement

Two recommendations were stated for the second time. These were in regard to policies and procedures. It should be noted that failure to address these may result in enforcement action.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	2
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### **5.3 Standard 1: Residents views and comments shape the quality of services and facilities provided by the home.**

#### **Is care safe? (Quality of life)**

We inspected a policy in regard to resident involvement. The full range of methods employed to involve residents were not included. Arrangements in regard to consent and communication were not included, nor were these provided in separate policies. We made a recommendation in regard to this.

The registered manager and assistant manager reported to us that they actively seek residents' and their families' views and incorporate these into practice. Staff reported to us that this was particularly strong in the areas of meals, menu planning and rituals and routines. Through an inspection of menu, communication, shower records and discussions with residents we confirmed that residents and their families are involved in developing choices to suit individual preferences.

Residents confirmed to us that staff ask what their choices and preferences are and meet these. Residents gave examples including rising and retiring preferences, food and delivery of personal care.

We inspected two care records and confirmed that records were up to date and were kept under continual review to reflect at all times the needs and preferences of the resident. Care plans had been signed by the registered manager. The registered manager confirmed to us that she would ensure that residents or their representatives were also invited to sign.

#### **Is care effective? (Quality of management)**

The registered manager and staff described to us a range of methods and processes employed by the home to involve and seek the views of residents and their representatives. These included: care management reviews; residents meetings; completion of annual quality questionnaires; the homes annual quality review and daily individual conversation.

The registered manager reported to us that due to the size of the home she had regular and frequent contact with all residents and their representatives.

We inspected the record of residents meetings and confirmed that formal meetings take place bi-annually. The registered manager confirmed that due to the size of the home, individual consultation and discussion is currently the preferred method. The registered manager confirmed to us that communication with residents' representative takes place when they visit the home or by telephone.

The registered manager reported to us that the annual quality review report for 2014 had not been completed yet. We made a recommendation in this regard.

## Is care compassionate? (Quality of care)

In our discussions with residents and staff we confirmed that residents are listened and responded to in a timely manner by staff. Residents confirmed that they are kept informed about issues affecting them and are treated with respect. Residents confirmed to us that their visitors are made to feel welcome and that communication between the home and their representative is good.

The registered manager and staff were knowledgeable about residents' individual needs, routines and preferences. Residents confirmed to us that they have made friends in the home and have good relations with staff.

Staff gave examples to us of how they incorporated their knowledge of values in their practice with residents. This included, knocking on doors before entering, asking residents what they wanted at meal-times and when they would like assistance to have a shower or get dressed.

In our discreet observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

### Areas for improvement

Two areas of improvement were identified within this standard. There were in regard to policies and procedures. The standard was assessed as met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	2
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## 5.4 Additional areas examined

### 5.4.1 Residents' views

We met with five residents individually. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care. No complaints or issues of concern were raised with us.

Some comments included:

- "It's very good (the choice of meals). Sometimes there are four different things (meals) on the table."
- "You can have a bit of a laugh sometimes. It's all good fun."
- "They are very good, very nice and very helpful...they would do anything for you."
- "Anything that is needed is done."

### 5.4.2 Staff views

The registered manager and deputy manager spoke positively about their role and duties, staff morale and teamwork.

### 5.4.3 Environment

Following an inspection of the environment, we confirmed that the home was clean, tidy and all areas were decorated to a good standard. The registered manager reported to us that improvements had been made since the previous care inspection. New bedroom carpets had been fitted to some bedrooms and the home had been re-painted. We observed a broken handle on a set of drawers. The registered manager confirmed to us that this would be repaired without delay.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Janet Stewart, Registered Manager and Philip McFarland, Deputy Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 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.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

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

### 6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.



Quality Improvement Plan			
Recommendations			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 10.1, 10.2  <b>Stated:</b> Second time  <b>To be completed by:</b> 01 December 2015	The responsible person should improve the policy and procedure on responding to behaviours, including responding to uncharacteristic behaviour and ensure that the following are fully reflected: Human Rights Act (1998); DHSSPS (2005) Guidance on Restraint and Seclusion in Health and Personal Social Services and DHSSPS (2010) and Circular HSC/MHPD – MHU 1/10- revised. Deprivation of Liberty Safeguards (DOLS) – Interim Guidance.		
	<b>Response by Registered Person(s) detailing the actions taken:</b> The above documents have been considered and are included within the improved policy and procedure.		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 13.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 01 December 2015	The responsible person should develop a policy and procedure on activity and events.		
	<b>Response by Registered Person(s) detailing the actions taken:</b> The existing Policy and Procedure will be enhanced to include everyday activities that client's carryout and will reflect guidance from the College of Occupational Therapists.		
<b>Recommendation 3</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be completed by:</b> 01 December 2015	The responsible person should: <ul style="list-style-type: none"> <li>• develop a policy and procedure on communications with carers and representatives</li> <li>• develop a policy and procedure on consent</li> <li>• review and improve the policy and procedure on the involvement of residents in the running of the home.</li> </ul>		
	<b>Response by Registered Person(s) detailing the actions taken:</b> The above three areas are being developed and enhanced as advised.		
<b>Recommendation 4</b>  <b>Ref:</b> Standard 20.12  <b>Stated:</b> First time  <b>To be completed by:</b> 01 December 2015	The responsible person should complete the annual quality review report for the year 2014. This should involve key stakeholders and include follow-up action.		
	<b>Response by Registered Person(s) detailing the actions taken:</b> This has been completed to reflect the activities undertaken throughout 2014. Our theme for this year was "Exceeding Expectations".		
<b>Registered Manager completing QIP</b>		Janet Stewart	<b>Date completed</b> 11/11/2015
<b>Registered Person approving QIP</b>		Janet Stewart	<b>Date approved</b> 11/11/2015
<b>RQIA Inspector assessing response</b>		Alice McTavish	<b>Date approved</b> 23/11/15

*\*Please ensure the QIP is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**