

Unannounced Care Inspection Report

21 June 2016



Kensington

Type of Service: Residential

Address: 2 Groomsport Road

Bangor

BT20 5LN

Tel No: 028 9145 9047

Inspector: Alice McTavish

1.0 Summary

An unannounced inspection of Kensington took place on 21 June 2016 from 09.55 to 15.10.

The inspection sought to assess progress with any issues raised during and 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?

One requirement was made in relation to the number of seats and to the quality of the seating provided within the home. Two recommendations were made; these related to policies and procedures and to the completion of Personal Emergency Evacuation Plans. The domain of effective care is assessed as requiring improvement. There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, risk management and the home's environment.

Is care effective?

One recommendation was stated in regard to care plans being signed by residents. There were examples of good practice found throughout the inspection in relation to care records and to communication between residents, staff and other key stakeholders.

Is care compassionate?

Two recommendations were stated in regard to activities within the home and to consent forms, where used, being maintained within individual care records. 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 to taking into account the views of residents.

Is the service well led?

One requirement was made in relation to records being at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the home. Two recommendations were made; one related to a review of the home's policy manual and one to ensuring that details of the duration of monthly monitoring visits are accurately noted on the reports.

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	2	7

Details of the Quality Improvement Plan (QIP) within this report were discussed with Joanne Glendinning, registered manager, by telephone on 24 June 2016 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 organisation/registered provider: Kensington/Sathrouhun Bogan	Registered manager: Joanne Glendinning
Person in charge of the home at the time of inspection: Emma Mitchell, senior care assistant	Date manager registered: 28 May 2010
Categories of care: I – Old age not falling within any other category MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	Number of registered places: 7

3.0 Methods/processes

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

During the inspection the inspector met with four residents, two care staff and one visiting professional. No resident's visitors/representatives were present. Six resident views, five resident representative views and eight staff views questionnaires were left in the home for completion and return to RQIA. No completed questionnaires were returned to RQIA for inclusion within this report.

The following records were examined during the inspection:

- Three residents' care files
- Complaints and compliments records
- Equipment maintenance / cleaning records
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Policies and procedures manual

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 16 June 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was to be returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection

4.2 Review of requirements and recommendations from the last care inspection dated 26 August 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 10.1 Stated: Second time	Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote outcomes for residents. <ul style="list-style-type: none"> Review residents' records to ensure that they fully reflect the agreed actions to be taken by staff following a behavioural incident. 	Met
	Action taken as confirmed during the inspection: Discussion with the person in charge and inspection of care records confirmed that residents' records fully reflected the agreed actions to be taken by staff following a behavioural incident.	
Recommendation 2 Ref: Standard 21.1 Stated: First time	The registered manager should ensure that a policy and procedure on palliative and end of life care is developed. This should reflect current good practice guidelines with input from staff and residents.	Met
	Action taken as confirmed during the inspection: Discussion with the person in charge and inspection of the policy and procedure on palliative and end of life care confirmed that this reflected current good practice guidelines with input from staff and residents.	

<p>Recommendation 3</p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p>	<p>The registered manager should ensure that staff receive training in palliative and end of life care.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed in the returned QIP that such training was provided. Staff also confirmed that training in palliative care was provided and that written guidance was provided to staff.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p>	<p>The registered manager should ensure that the policy and procedure on continence management and promotion is completed. This should reflect current good practice guidelines.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed in the returned QIP that the policy and procedure on continence management and promotion was completed and shared with individual staff members.</p>	<p>Met</p>

4.3 Is care safe?

The person in charge 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, residents' representatives and staff.

On the day of inspection the following staff were on duty –

- 1 x senior care assistant
- 1 x care assistant

Discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. A written induction plan was not available for inspection.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. Staff 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 were not available in the home on the day of inspection to confirm this.

Staff recruitment and selection and the arrangements to monitor the registration status of staff with their professional body (where applicable) will be examined during the next care inspection.

The adult safeguarding policies and procedures in place, dated 2014, were not consistent with current regional guidance. The registered manager later sent a more up to date policy to RQIA via email. The date of review of this document was April 2015. A recommendation was made that the policy should be updated to reflect the most up to date regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). The home's existing policy included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. Staff 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 to whistleblowing.

Discussion with the person in charge identified that the home did not accommodate any individuals 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 (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The person in charge 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.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Review of the home's policy and procedures relating to safe and healthy working practices confirmed that were appropriately maintained; it was identified, however, that many of the home's policies and procedures were not subject to a regular three year review. A recommendation was made and was included within a recommendation already made in regard to policies and procedures.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were not in line with the most up to date regional guidelines. A recommendation was made in this regard and was included within recommendations already made earlier in this report which relate to policies and procedures.

Discussion with staff 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. Notices promoting good hand hygiene were displayed throughout the home.

A general inspection of the home was undertaken to examine residents' bedrooms and bathroom, the communal lounge, dining room and kitchen. The residents' bedrooms were personalised with photographs, pictures 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.

It was noted that the communal area in which residents sat during the day had four high backed chairs. There was also a dining table and chairs. Whilst the four upholstered high backed chairs were clean, they gave the appearance of not being comfortable. It was also noted that, should each resident choose to sit in this room, two would have to use the dining chairs. In discussion with the registered manager after the inspection, she advised that all residents had not chosen to use this communal room at the same time and that this situation was unlikely to arise. She did, however, acknowledge that the quality of the seating may be in need of improvement. A requirement was made in regard to the number of seats and to the quality of the seating provided within the home.

The registered manager provided an up to date fire risk assessment by email after the inspection. The fire safety risk assessment was dated 16 June 2016 with one recommendation being made. Discussion with the registered manager confirmed that this recommendation would be addressed appropriately. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place, however, these were not up to date for all residents. A recommendation was made in this regard.

Areas for improvement

Three areas for improvement were identified during the inspection. A requirement was made in relation to the number of seats and to the quality of the seating provided within the home. Two recommendations were made; these related to policies and procedures and to the completion of Personal Emergency Evacuation Plans.

Number of requirements	1	Number of recommendations:	2
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4.4 Is care effective?

Discussion with the person in charge established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of the care records of three residents confirmed that these included up to date assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. It was noted, however, that some care plans were not signed by the resident or their representative. A recommendation was made in this regard.

The care records reflected multi-professional input into the service users’ health and social care needs. The person in charge confirmed that records were stored safely and securely in line with data protection.

The person in charge confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers.

Discussion with staff confirmed that management operated an open door policy in regard to communication within the home. Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

A review of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. A visiting healthcare professional reported that the care within the home appeared to be good, the staff were knowledgeable about the health and care needs of the residents and that staff were responsive to the needs of the residents.

Areas for improvement

One area for improvement was identified during the inspection. This related to care plans being signed by residents.

Number of requirements	0	Number of recommendations:	1
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4.5 Is care compassionate?

The person in charge confirmed that staff in the home promoted a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Review of the home’s policies and procedures confirmed that appropriate policies were in place. Discussion with staff and residents confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, 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 person in charge and residents confirmed that consent was sought in relation to care and treatment. Observation of interactions between staff and 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.

Discussion with staff, observation of practice and review of care records confirmed that residents were enabled and supported to participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. Whilst several residents stated that they were happy with the level of activities offered both inside and outside the home, another resident commented that there was little to do and that more activities would be appreciated. This was discussed with the registered manager by telephone after the inspection. A recommendation was made that a review of activities should be undertaken, also that it should be documented if a resident is offered activities and chooses not to participate.

The person in charge confirmed that residents were listened to, valued and communicated with in an appropriate manner. Observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

In discussion with the registered manager after the inspection, it was confirmed that 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. There were also 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. It was noted, however, that whilst the care records of one resident made reference to consent being present to provide night time checks on the resident, there was no written confirmation of this. A recommendation was made in this regard.

Residents confirmed that their views and opinions were taken into account in all matters affecting them. Residents provided the following comments:

- “I’m very happy here. The staff are very good to me. I haven’t a single complaint, but if I did, I would tell any of the girls (staff) and they would deal with it. The food is great and there is plenty of it and they give us plenty of food and drinks.”
- “The staff couldn’t do enough for us. They are very good and they take me out to get my hair done. If I needed anything during the night, I press my buzzer and they come to me quickly. I have absolutely no complaints about this place.”
- “They are really excellent and the food is brilliant!”

Areas for improvement

Two areas for improvement were identified during the inspection. These related to activities within the home and to consent forms, where used, being maintained within individual care records.

Number of requirements	0	Number of recommendations:	2
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4.6 Is the service well led?

The inspection sought to establish if there were management and governance systems in place to meet the needs of residents, also that the health and social care 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. On the day of inspection, the registered manager was not available and there was limited access to the full range of documents necessary to make an accurate assessment of well led care. A requirement was made in regard to records being at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the home

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. A recommendation was made, however, that the home’s policy manual is reviewed to ensure that all policies listed in Appendix 2 of the DHSSPS Residential Care Homes Minimum Standards, August 2011 are included.

The home had a complaints policy and procedure in place. In discussion with residents it was evident that they were aware of the process of how to make a complaint. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Discussion with the registered manager confirmed that a monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA. Copies of reports for March 2016 to May 2016 were later forwarded to the inspector by post. A recommendation was made that details of the duration of such visits are accurately noted on the reports.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were aware of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

Inspection of the premises confirmed that the home's certificate of registration and employer's liability insurance certificate were displayed.

The registered manager reported that the home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and 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.

Areas for improvement

Three areas for improvement were identified during the inspection. A requirement was made in relation to records being at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the home. Two recommendations were made; these related to a review of the home's policy manual and to ensuring that details of the duration of monthly monitoring visits are accurately noted on the reports.

Number of requirements	1	Number of recommendations:	2
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Joanne Glendinning, 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 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 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

<p>Requirement 1</p> <p>Ref: Regulation 19 (3) b</p> <p>Stated: First time</p> <p>To be completed by: 22 June 2016</p>	<p>The registered provider must ensure that the records referred to in paragraphs (1) and (2) are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the home.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>Arrangements have been made to ensure that all documentation is available for inspectors to view. Staff have been made aware of these changes, in the event of an inspection the staff will be able to supply the inspector with all documents.</p>
<p>Requirement 2</p> <p>Ref: Regulation 27 (2) (g)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider must ensure the following:-</p> <ul style="list-style-type: none"> • the number of seats in communal areas is reviewed, taking into account the number of residents in the home and their choice to use communal rooms • the high backed chairs are replaced with more comfortable alternatives
	<p>Response by registered provider detailing the actions taken:</p> <p>Since the inspection a residents meeting has been held, which was attended by almost all the residents, also in attendance was the home manager and a member of staff, the meeting was used to gather information and ideas about the seating arrangements. The following questions were asked to all attending residents,</p> <ol style="list-style-type: none"> 1. Would you like to separate the seating areas from the eating areas, as the current arrangement mixes both together. 2. Do you find the chairs comfortable? 3. What sort of chairs would you prefer? 4. If the area for eating was separate from the living area would you want a television in the eating area? 5. Which of the rooms would you like to use as an dining room? The results of the meeting is to be discussed with the provider. <p>Any action taken as a outcome of the residents meeting will be recorded.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider should ensure the following:-</p> <ul style="list-style-type: none"> • the home's policy on adult safeguarding is reviewed to reflect the most up to date regional guidance • the home's policy and procedure on infection prevention and control (IPC) is reviewed to reflect the most up to date regional guidelines • the home's policies and procedures are subject to a regular three year review <p>Response by registered provider detailing the actions taken: The home's policies & procedures have all been reviewed as advised. The home's policy & procedure on infection prevention & control has been reviewed and updated as advised. The home's policy on adult safeguarding has been reviewed and updated.</p>
<p>Recommendation 2</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: 19 August 2016</p>	<p>The registered provider should ensure that the Personal Emergency Evacuation Plan (PEEPs) is kept up to date for each resident.</p> <p>Response by registered provider detailing the actions taken: All PEEP's are up to date for each individual resident, the PEEP's are reviewed regularly, Individual changes are recorded for each resident as and when they occur, such as mobility concerns, hearing loss etc any condition that would effect the residents ability to hear the fire alarm or the residents ability to safely leave the building.</p>
<p>Recommendation 3</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be completed by: 19 August 2016</p>	<p>The registered provider should ensure that care plans are signed by the resident or their representative. If the resident or their representative is unable to sign or chooses not to sign, this should be recorded.</p> <p>Response by registered provider detailing the actions taken: All residents have on record within there personal files a document that is signed by the resident or their represntative confirming they have read and understood there individual care plans including all assessments. The document is dated and signed by the staff member.</p>

<p>Recommendation 4</p> <p>Ref: Standard 13.10</p> <p>Stated: First time</p> <p>To be completed by: 19 August</p>	<p>The registered provider should ensure the following:-</p> <ul style="list-style-type: none"> • a review of activities for residents is undertaken • if a resident is offered activities and chooses not to participate, this is documented <p>Response by registered provider detailing the actions taken: During a recent residents meeting we discussed the topic of activities, activities that the residents would like to see offered and what they thought of the current activities on offer. The out come of the meeting recognises that all the residents have individual needs and ideas. Whilst three of the residents insisted that they dont want to join in daily activities as they enjoy doing things on there own, however they are happy to join in events like parties and special dinners. The remaining three resident's had different ideas, two residents prefer to remain in their bedrooms only coming out for meals and the occassional walk around the grounds, whilst the third resident had lots of different ideas which are now being put into practice. When a resident chooses not to particpate in daily activities then this information will be recorded into the daily activities record.</p>
<p>Recommendation 5</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p> <p>To be completed by: 19 August</p>	<p>The registered provider should ensure that completed written consent forms, where used, are maintained within individual care records.</p> <p>Response by registered provider detailing the actions taken: Written consent forms when used are held in each individual residents file and are available for inspection.</p>
<p>Recommendation 6</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 19 August 2016</p>	<p>The registered provider should ensure that details of the duration of monthly monitoring visits are accurately noted on the reports.</p> <p>Response by registered provider detailing the actions taken: The registered provider will ensure that times of monthly monitoring visits are recorded accurately.</p>
<p>Recommendation 7</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider should ensure that the home's policy manual is reviewed to ensure that all policies listed in Appendix 2 of the DHSSPS Residential Care Homes Minimum Standards, August 2011 are included.</p> <p>Response by registered provider detailing the actions taken: All policies that are listed in the DHSSPS Residential Care Homes Minimum Standards Appendix 2 have been included in the homes policies & procedures.</p>

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