



The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Kensington**

26 August 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 26 August 2015 from 10.30 to 15.00. The home was found to be delivering safe, effective and compassionate care in the standard and theme inspected. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/ enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care 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
Total number of requirements and recommendations made at this inspection	0	4

The details of the QIP within this report were discussed with Mrs Joanne Glendinning, Registered Manager. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/ Registered Person: Sathrouhun Bogan	Registered Manager: Joanne Glendinning
Person in charge of the home at the time of inspection: Emma Mitchell, Senior Care Assistant until 13.00. Joanne Glendinning, Registered Manager from 13.00 until the completion of the inspection.	Date manager registered: 28 May 2010
Categories of care: RC-MP(E), RC-I	Number of registered places: 7
Number of residents accommodated on day of inspection: 5	Weekly tariff at time of inspection: £470

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 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/ process

Prior to inspection we analysed the following records: the returned Quality Improvement Plan from the previous care inspection; notifications of accidents and incidents.

We met with four residents and two members of care staff. We also met with three resident's representatives and the registered manager.

During the inspection we inspected: two care records; complaint and compliment records; policies and procedures relating to continence management; fire safety records and accident and incident records. One resident completed a questionnaire with us. Staff and resident questionnaires were distributed.

Following the inspection, none of the staff questionnaires were returned within the required timescale. Four resident questionnaires were returned and analysed by us. We spoke to the registered manager on 17 September 2015 who provided us with an update of issues addressed or progress made. Further details are contained within the report.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced finance inspection dated 14 October 2014. The completed QIP was returned and approved by the finance inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 3 (1) (c) Schedule 1	The registered manager should review the homes statement of purpose to ensure a statement as to the matters listed in Schedule 1. <ul style="list-style-type: none"> Any restraint or restrictive practices which may be in use at any time in the home should be detailed with arrangements for assessment and review to ensure they are the least restrictive option. 	Met
	Action taken as confirmed during the inspection: We inspected the statement of purpose and confirmed the information had been included.	

<p>Requirement 2</p> <p>Ref: Regulation 27 (2) (a) (b) (d)</p>	<p>The registered person shall, having regard to the number and needs of the residents, ensure that- the physical design and layout of the premises to be used as the home meets the needs of the residents ; the premises to be used as the home are of sound construction and kept in a good state of repair externally and internally; (d) all parts of the home are kept clean and reasonably decorated.</p> <p>The following issues should be addressed;</p> <ul style="list-style-type: none"> • The top of the wooden coffee table in the conservatory has been significantly damaged. • Two bedrooms are in need of redecoration. • Paintwork on doors, skirting and door saddles throughout the home are chipped/ damaged. • The flooring in the upstairs toilet is stained, the paint on the wall tiles are flaking. • There are no hand-sanitizers available in the public areas of home for staff/visitors to use. • The pull cord in the bathroom is discoloured. • Storage needs within the home need to be reviewed and improved to ensure all relevant records are stored in a lockable (cabinet) which are fit for purpose. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Through our observation of the environment we confirmed that all but two areas had been addressed. The registered manager confirmed to us by telephone on 17 September 2015 that the two outstanding areas pertaining to the pull-cord and the flaking paint had been addressed.</p>		

Previous inspection statutory requirements		Validation of compliance
Recommendation 1 Ref: Standard 11.3	The registered manager should review and improve the content of pre-review reports as detailed in the report, ensure resident involvement where possible and keep a copy of the pre-review report. <ul style="list-style-type: none"> An audit should be completed for all residents records and confirm findings. 	Met
	Action taken as confirmed during the inspection: We inspected two pre-review reports and confirmed this had been addressed.	
Recommendation 2 Ref: Standard 19.2	The registered manager should ensure that an employment health assessment is retrospectively obtained from staff members GP's to make good the record. <ul style="list-style-type: none"> An audit should be completed for all records and confirm findings. 	Met
	Action taken as confirmed during the inspection: We inspected five staff records and confirmed this had been addressed.	
Recommendation 3 Ref: Standard 19.3	The registered manager should review all staff files and ensure that Access NI checks are held in compliance with their guidance.	Met
	Action taken as confirmed during the inspection: We inspected one staff file chosen at random and confirmed this had been addressed.	
Recommendation 4 Ref: Standard 10.1	Review the policy and procedure on behaviours which challenge in line with the guidance in the report.	Met
	Action taken as confirmed during the inspection: We reviewed the policy dated March 2015 and confirmed this had been addressed.	

Previous inspection recommendations		Validation of compliance
Recommendation 5 Ref: Standard 10.1	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 all known behaviours and the agreed actions to be taken by staff. Update records accordingly when residents decline personal care including informing family and care manager. Review residents records to ensure care plans and risk assessments are reviewed in a timely manner, stating the timescale for review. 	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>The registered manager and staff reported to us that resident's do not decline assistance with personal care. Staff confirmed to us that they would record and report if this happened. One care record examined did not have a record of agreed actions and responses to be made by staff when a known behaviour was exhibited. Two care records examined demonstrated that care plans had been reviewed in a timely manner.</p> <p>The registered manager reported to us that she had scheduled to review assessments the following week. She confirmed by telephone on 17 September 2015 that assessments had been reviewed. This had been partly addressed. We partly stated this for the second time.</p>	
Recommendation 6 Ref: Standard 10.1	Staff should receive awareness training in restraint and restrictive practices in residential care.	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and a review of staff training certificates demonstrated that this had been addressed.</p>	

Previous inspection recommendations		Validation of compliance
Recommendation 7 Ref: Standard 13.1; 13.4;13.10	<p>The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.</p> <ul style="list-style-type: none"> • Develop a record which comprehensively records residents' social history and ensure activity needs are reflected in assessments and care plans. • Improve the information available in the home to visitors of what activities have taken place and/ or are planned. 	Met
	<p>Action taken as confirmed during the inspection: Through our inspection of activity records, observation of information displayed in the home, discussion with staff and inspection of two care records, we confirmed that this had been addressed.</p>	
Recommendation 8 Ref: Standard 13.2 13.6 13.9	<p>The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents', changing needs and facilitates social inclusion in community events.</p> <ul style="list-style-type: none"> • Improve records of all activities which take place, including the nature of all activity, the duration and comments from residents. 	Met
	<p>Action taken as confirmed during the inspection: Through discussion with the registered manager, staff and residents and a review of activity records we confirmed that this had been addressed.</p>	

Previous inspection recommendations		Validation of compliance
Recommendation 9 Ref: Standard 13.5	Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others. <ul style="list-style-type: none"> • Review and improve the provision of equipment and activity resources. • Identify and facilitate staff to receive training in activities. 	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager, staff and residents confirmed that there is a range of activity resources in the home. We were informed that staff also bring in resources such as old movies for residents. The registered manager and staff reported to us that they did not have any activity orientated training needs. The registered manager confirmed to us that any activity resources or training identified would be provided. The registered manager confirmed to us that activity resources would be made available for visitors to use with their relative.	

Areas for improvement

One improvement, pertaining to care records was stated for the second time.

Number of requirements:	0	Number of recommendations:	1
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5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The registered manager confirmed to us that if additional care support was provided to meet resident's needs, they can spend their final days in the home unless there are documented health care needs to prevent this. No resident had died in the home in the past year.

We inspected two residents' care records. Needs assessments, risk assessments and care plans were in place. Care plans were kept under continual review. The registered manager reported to us that assessments were scheduled for review next week. She confirmed to us on 17 September 2015 that this had been completed.

Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident.

Care records contained details of the residents' wishes regarding any specific arrangements at the time of his or her death. Residents' spiritual and cultural wishes were recorded. Where there had been discussion with the General Practitioner relating to medical interventions, this was noted within the care records.

Is care effective? (Quality of management)

The home did not have a policy and procedure in place relating to dying and death of a resident. The registered manager and staff advised us that staff training had not been provided. We made two recommendations in this regard.

In our discussions with staff, they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc.)

Staff also confirmed to us that they were aware of the importance of encouraging nutrition and fluid intake and of ensuring good skin care to a resident at the end of life. Staff also confirmed to us that they would liaise closely with district nursing staff to ensure appropriate management. The registered manager and staff were knowledgeable that notification of a death is made to all relevant parties in a timely manner.

The registered manager and staff confirmed to us that there was a supportive ethos within the management of the home in helping staff deal with the dying and death of a resident. The registered manager explained to us that in the past residents had been unaware that a fellow resident had died. Where residents had been aware, it was confirmed that support to pay their respects had been given.

Is care compassionate? (Quality of care)

Staff members we interviewed explained that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate how values underpin care delivered to residents within the home. However, staff needed prompting to name the values including respect, choice, privacy, dignity and independence. The registered manager gave us assurances that these values would be discussed with staff within the next month.

The registered manager and staff described to us how a resident is cared for in the home at the end of life. Whilst the medical needs of the resident are met by the GP and the district nursing team, the care needs of the resident are fully met by the staff. The family is able to be with the resident at the end of life. The staff ensure that the family is made comfortable within the home.

The registered manager explained to us that the news of the death of a resident had not been routinely shared with all residents due to individual circumstances. The registered manager confirmed to us that in the past there had been occasions when residents and staff were given the option to attend the funeral of a resident. We recommended that both staff and residents are involved in developing the policy and procedure relating to dying and death of a resident.

The registered manager and staff confirmed to us that arrangements can be made to provide spiritual care for residents who are dying, if they so wish.

Family members and friends, who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences. The registered manager confirmed to us that the deceased resident's belongings are handled with care and his or her representative is consulted and assisted in this regard.

Areas for improvement

Two improvements were made pertaining to the development of a policy and procedure on dying and death and the provision of staff training. This home was found to be delivering safe, effective and compassionate care. This standard was partially met.

Number of requirements:	0	Number of recommendations:	2
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

The registered manager and staff informed us that no residents had continence care needs. However, some assistance was provided with personal care. Staff confirmed to us that independence is promoted within the home. The registered manager confirmed to us that staff training in continence management would be provided, if necessary. In our discussion with staff, they were able to demonstrate their knowledge and understanding of continence care and of the continence referral system.

Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, gloves and aprons. Sufficient hand washing dispensers were present.

Is care effective? (Quality of management)

The registered manager reported to us that she was writing the homes policy and procedure relating to continence management and promotion. One recommendation was made.

In our discussion with staff and an inspection of care records we could confirm that no residents had reduced skin integrity associated with personal hygiene. There were no malodours observed during our inspection of the premises.

Is care compassionate? (Quality of care)

Our observations of care practices demonstrated that residents were treated with care, dignity and respect when being assisted by staff or in interactions with staff. Residents confirmed to us that staff demonstrated respect, privacy, choice and that their independence was promoted.

Areas for improvement

One improvement was identified pertaining to the development of a policy and procedure on continence management and promotion. This home was found to be delivering safe, effective and compassionate care in the theme inspected. This theme was partially met.

Number of requirements:	0	Number of recommendations:	1
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5.5 Additional areas examined

5.5.1 Residents' views

We met with four residents individually. One resident completed a questionnaire with our assistance. Four residents completed and returned a questionnaire to us. 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.

Comments included:

- "I use the conservatory and go out a lot. The food is absolutely brilliant. I couldn't be better treated. If I am late back for my dinner, they keep it for me."

5.5.2 Staff views/ staff questionnaires

We met with two staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. None of the staff questionnaires distributed were returned within the timescale.

Comments included:

- "The room is kept private until family deal with the items."
- "Residents want to do their own thing and are quite independent."
- "We make sure we listen to what they have to say."

5.5.3 Residents' visitors/ representatives' views

We met with three residents' representatives. Two expressed satisfaction with staff attitude, food and care delivered to residents. They acknowledged that as the home is an old building, ongoing re-decoration is needed to maintain the decor to an acceptable standard.

The third representative expressed satisfaction with staff attitude and in the main the care delivered to their relative. However, the representative stated that there are a number of issues pertaining to communication and information sharing regarding their relative. The representative reported to us that a care review was planned to discuss these issues. The registered manager confirmed to us that any issues raised would be recorded in the complaints record and responded to in line with the homes policy and procedure. RQIA, through inspection will continue to monitor the management of complaints.

One representative suggested that a wall and a discoloured patch of the ceiling in a living room could be improved. The registered manager confirmed to us that this would be prioritised and completed as soon as possible.

5.5.5 Environment

The home was found to be clean and tidy. Décor and furnishings were observed to have improved from the previous inspection. Whilst a number of small areas were observed to be in need of attention, it is acknowledged that on-going maintenance is required to maintain the overall standard within the home. The registered manager confirmed to us that on-going maintenance would be carried out and that the painter and decorator was due in the home the following week. A drain was observed to be blocked. The registered manager reported to us by telephone on 17 September 2015 that this had been addressed.

5.5.6 Staffing

At the time of inspection the following staff members were on duty:

- 1 senior care assistant
- 1 care assistant (morning shift only)

The registered manager is based in a nearby sister home and is available for consultation and guidance. Staff confirmed to us that staffing levels were appropriate for the number and dependency levels of the residents accommodated. The registered manager confirmed that she visits the home to monitor operational management and care related matters.

5.5.7 Care practices

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

5.5.8 Accidents/ incidents

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately. There is a very low rate of accidents and incidents in the home.

5.5.9 Complaints/ compliments

The staff and registered manager confirmed that no complaints had been received within the past year. The home had received several written compliments in the last few years which were on display.

The registered manager confirmed to us that issues raised at a planned care review would be responded to in line with the homes complaints policy and procedure. RQIA, through inspection will continue to monitor the management of complaints.

5.5.10 Fire safety

The home had a current fire safety risk assessment dated 17 June 2015. No recommendations had been made. Fire safety records confirmed that fire alarms, emergency lighting, the nurse call system and fire extinguishers were tested on a weekly basis.

We inspected staff training records which confirmed that staff members had received fire training twice yearly. We noted no obvious fire risks on the day of inspection.

Areas for improvement

There were no areas of improvement identified within the additional areas examined. However, the registered manager confirmed to us that a number of issues will be followed up.

Number of requirements	0	Number of recommendations:	0
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6. Improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the Registered Manager, Joanne Glendinning 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 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	
<p>Recommendation 1</p> <p>Ref: Standard 10.1</p> <p>Stated: Second time</p> <p>To be completed by: 10 October 2015</p>	<p>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.</p> <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. <p>Response by registered person(s) detailing the actions taken: All residents' records have been reviewed and improvements made. All care staff have been advised of the amendments, the manager has reviewed the changes with each member of staff.</p>
<p>Recommendation 2</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2015</p>	<p>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.</p> <p>Response by registered person(s) detailing the actions taken: A policy & procedure has been created, the policy includes input from both the residents and the staff. All members of staff have been made aware of the new policy and procedure. The manager has reviewed the policy and the procedure with each member of staff. All staff will be made aware of any future amendments.</p>
<p>Recommendation 3</p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2015</p>	<p>The registered manager should ensure that staff receive training in palliative and end of life care.</p> <p>Response by registered person(s) detailing the actions taken: All care staff are to receive training in palliative care, the training is scheduled for the 28th October 2015, in the meantime palliative care literature has been made available for all staff to read.</p>

Recommendation 4 Ref: Standard 21.1 Stated: First time To be completed by: 30 November 2015	The registered manager should ensure that the policy and procedure on continence management and promotion is completed. This should reflect current good practice guidelines.
	Response by Registered Person(s) detailing the actions taken: A policy & procedure has been created and all members of staff have been made aware of the new policy & procedure. Time has been set aside for the manager to review the policy & procedure with each member of staff.

Registered Manager completing QIP	Joanne Glendinning	Date completed	17/10/15
Registered Person approving QIP	Mr. Bogun	Date approved	17/10/15
RQIA Inspector assessing response	Kylie Connor	Date approved	19/10/15

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address

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.