

Unannounced Care Inspection Report 28 March 2018



Kimberley House

Type of Service: Residential Care Home
Address: 45 Abbey Road, Newtonards, BT23 8JL
Tel No: 028 9181 0003
Inspector: Bronagh Duggan

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 16 beds that provides care for adults who have a learning disability. The home comprises two buildings, Kimberley House and the adjacent premises at 80 Upper Movilla Street. The home had previously operated under two separate registrations which were amalgamated under one registration in January 2017.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group / Challenge Responsible Individual: Andrew Mayhew	Registered Manager: Joanne Black
Person in charge at the time of inspection: Sarah Hill – Team Leader	Date manager registered: 02 August 2013
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 16

4.0 Inspection summary

An unannounced care inspection took place on 24 February 2018 from 10.45 to 16.45.

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 since the last care inspection and sought 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 staff induction, training, supervision, the home's environment, care reviews, taking account of the views of residents, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to ensuring progress records maintained were accurate and up to date.

Residents said they liked living in the home and that staff were supportive.

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 Sarah Hill, team leader, as part of the inspection process. The registered manager, Joanne Black, was made aware of the

findings in a telephone call following the inspection. 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

No further actions were required to be taken following the most recent inspection on 01 September 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: notifications of accidents and incidents reported to RQIA since the last care inspection and the previous inspection report.

During the inspection the inspector met with six residents and four staff.

A total of 10 questionnaires were provided for distribution to residents and their representatives. Information was provided for staff on how to access an electronic questionnaire 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
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three residents' care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Sample of policies and procedures

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 1 September 2017

The most recent inspection of the home was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 1 September 2017

There were no areas for improvements made as a result of the last care inspection.

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 team leader 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 and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the team leader and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The team leader and 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 of competency and capability assessments were retained. A sample of one completed staff competency and capability assessment was reviewed and found to be satisfactory.

Discussion with the team leader confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

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

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

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the procedures and a copy was available for staff within the home. Staff were knowledgeable and had 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.

Discussion with the team leader, review of accident and incidents notifications, care records and complaints records confirmed that any suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The team leader confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the team leader identified 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.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The team leader confirmed there were restrictive practices employed within the home, notably a keypad entry system, locked kitchen doors and door alarms used at night. Discussion with the team leader regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The team leader and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate bodies were informed.

The team leader confirmed there were risk management policy and procedures in place. Discussion with the team leader 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. fire safety.

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 staff established that they were 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.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The team leader 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. The team leader advised there was an ongoing refurbishment plan in place which included repainting and the laying of new carpet to date; the bathroom and toilet areas had also been identified for improvements. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 18 June 2017 for the main building and recommendations were noted to be appropriately addressed. Following the inspection the registered manager provided written confirmation that a separate fire safety risk assessment had been completed in October 2017 for the premises on 80 Upper Movilla Street.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 19 March 2018. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that 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 staff induction, training, supervision, infection prevention and control, 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 team leader established that staff in the home responded appropriately to and met the assessed needs of the residents.

Three care records were reviewed. 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. behavioural management) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. It was noted, however, through discussion with one resident, staff and review of progress and handover notes that there were some inconsistencies with regard to the daily records maintained. Information was found not to be recorded in a resident's progress notes, but some reference was made within the daily handover information for Kimberly House. The need to ensure all progress records maintained are accurate and up to date was discussed with the team leader. This was identified as an area for improvement to comply with the standards.

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. Discussion with staff confirmed that a person centred approach underpinned practice, for example, residents were supported to maintain individual interests such as following particular football teams and or movie characters. Following the inspection information given by a resident with regard to their experience in the home was shared with a relevant trust representative.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The team leader confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals, for example, audits of medication were available for inspection. Further evidence of audit was contained within the monthly monitoring visits reports.

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

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

team leader confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to regular care reviews.

Areas for improvement

One area for improvement was identified during the inspection. This related to ensuring progress records were accurate and up to date.

	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 team leader 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 staff and residents confirmed that residents' spiritual and cultural needs were met within the home.

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, for example, a user friendly complaints procedure was displayed in central parts of the home including the dining room and reception area.

The team leader and residents confirmed that consent was sought in relation to care and treatment. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The benefit of ensuring staff are fully familiar with the NISCC code of professional conduct and including the issue of professional standards on an ongoing basis within team meetings was discussed with the registered manager following the inspection.

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

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to promptly 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, for example, there were residents’ meetings and residents were encouraged and supported to actively participate in the annual reviews of their care etc.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff and residents and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities, for example, attending local centres and visiting local shops. 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:

- “I like living here but I might like to move on to be more independent.”
- “I like it here, the staff are supportive. I think it is important that people know what it feels like to have a learning disability. I try to make people more aware.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to 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 team leader 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.

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.

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

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. There were no new complaints recorded since the previous inspection.

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 were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

Discussion with the team leader confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, epilepsy awareness.

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 to read. It was noted, however, that monthly monitoring visits were being completed on the individual premises of Kimberley House and the adjacent building on 80 Upper Movilla Street on alternative months. Both premises operate under one registration therefore procedures used should ensure the whole of the facility is monitored monthly to provide a more robust monitoring system. This issue was discussed with the registered manager following the inspection.

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

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

Review of governance arrangements within the home confirmed that the registered provider responded to regulatory matters in a timely manner.

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

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The team leader confirmed that staff

could also access line management to raise concerns and they would be offered support from management.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The team leader confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement 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 Sarah Hill, team leader, as part of the inspection process. The registered manager was also informed following the inspection by telephone. 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 8</p> <p>Stated: First time</p> <p>To be completed by: 29 March 2018</p>	<p>The registered person shall ensure progress records are maintained on an accurate and up to date basis at all times.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has scheduled a workshop for the staff team for 14.5.18 on 'the importance of accurate and consistent recording'. The Registered Manager has scheduled a Team Leader meeting to discuss guidance and management of accurate and consistent records for 15.4.18.</p> <p>Monitoring of records will be included in the Team Leader daily checklist.</p>

Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
🐦 @RQIANews