

Unannounced Care Inspection Report 8 September 2016



Loughview Fold

Type of service: Residential Care Home
Address: 159a High Street, Holywood, BT18 9HU
Tel no: 02890425117
Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Loughview Fold Residential Home took place on 8 September 2016 from 10:30 to 18:15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

One requirement was made in regards to ensuring monthly fire checks were maintained on an up to date basis.

Is care effective?

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

One requirement was made in regards to ensuring the identified residents care plan is updated to include the guidance provided from the Speech and Language Therapist.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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

One requirement and one recommendation was made in regards to reporting of notifiable events, and for staff to complete training in falls prevention and management.

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	3	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Helen Craig, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 9 March 2016.

2.0 Service details

Registered organisation/registered person: Fold Housing Association	Registered manager: Mrs Helen Craig
Person in charge of the home at the time of inspection: Mrs Helen Craig	Date manager registered: 23 June 2016
Categories of care: I - Old age not falling within any other category DE – Dementia	Number of registered places: 28

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA, the previous inspection report and QIP and complaints returns.

During the inspection the inspector met with 12 residents individually and others in groups, one senior carer, four care staff, three resident's visitors/representatives and the registered manager.

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 records
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls), complaints, environment, catering
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings / representatives'
- 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
- Relevant policies and procedures

A total of 28 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Ten questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13/06/2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 09/03/16

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 6.2 Stated: Second time To be completed by: 16 March 2016	The acting manager should ensure the care plan and risk assessment of the identified resident are reviewed and updated accordingly to reflect the recent changes in the resident's level of mobility.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed this had been done however the identified resident no longer resides at the home.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

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

Discussion with staff and a review of returned staff views questionnaires 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 available for inspection.

The registered manager 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. The registered manager confirmed that the completion of a competency and

capability assessment is part of the procedure within the home. A policy entitled Policy on Induction, Supervision, Development and Competency Assessment 2015 was also available.

Discussion with the registered manager 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 record were retained at the organisation's personnel department.

The registered manager confirmed Enhanced AccessNI disclosures were viewed for all staff prior to the commencement of employment.

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

The adult safeguarding policies and procedures in place were 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. The registered manager confirmed that there were plans in place to identify a safeguarding champion within the home.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. 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 whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all 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 registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager 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. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls) were reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

Staff training records confirmed that all staff had received training in 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.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 16 March 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 19 April 2016, records were retained of staff who participated and any learning outcomes. Inspection of fire safety records identified that although fire alarm checks were being done weekly, there had been omissions with regard to monthly fire-fighting equipment, emergency lighting and means of escape checks during June and August 2016. This issue was discussed with the registered manager, a requirement was made.

Staff spoken with during the inspection made the following comments:

- “(The induction programme) has been really helpful. Someone shows you where to find all information, you have time to read the policies and procedures. Staffing levels are ok, enough for resident's needs”.

Ten completed questionnaires were returned to RQIA from residents, resident's representatives and staff.

Areas for improvement

One area for improvement was identified in relation to maintaining monthly fire safety checks. A requirement was made.

Number of requirements	1	Number of recommendations	0
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4.4 Is care effective?

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

Three care records inspected 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. 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 resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. It was noted however from one of the care records inspected that Speech and Language Therapist guidance had not been incorporated into an identified residents care plan. This issue was discussed with the registered manager. A requirement was made. Discussion with staff confirmed that a person centred approach underpinned practice. For example residents were encouraged to maintain their own special interests such as gardening, reading, and tending pot plants.

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 registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of complaints, environment, catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Information was on prominent display throughout the home which reflected information received from residents, representatives and staff. This was displayed in a "You said we did" format. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

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

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were available for inspection.

A review of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Ten completed questionnaires were returned to RQIA from residents, resident's representatives and staff.

Two staff members commented in returned and completed questionnaires :

- We use person centred care because everyone is an individual.
- I feel that the scheme offers effective support and care to residents and staff. Regular staff meetings and daily handovers on all shifts allow for effective communication of residents wellbeing and changing needs.

Areas for improvement

One area for improvement was identified in relation to updating the identified residents care plan to ensure that it reflects the Speech and Language Therapy guidance.

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

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs were met within the home. Staff confirmed that clergy visit the home regularly and that special events are held depending on the time of year.

The registered manager, residents and their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example bedroom doors were knocked before entering and staff were sensitive about handing over information.

Discussion with staff, residents, and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example arts and crafts, quizzes, gardening, residents also have the opportunity to participate in computer based activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example some residents are encouraged and supported by staff to walk into town and visit local shops.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example residents are asked to complete satisfaction surveys, a suggestion box was located in a central part of the home, residents views are also gathered in relation to preferences around meals, activities and outings. A resident's magazine is produced twice yearly and residents are encouraged to send articles, a resident's newsletter is also produced quarterly to ensure residents and representatives are aware of regular events in the home.

Residents are 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. Information gathered for this report was displayed in a prominent location in the home. An action plan was developed and implemented to address any issues identified.

Residents and their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Residents spoken with during the inspection made the following comments:

- “Everything is great, I can’t complain about anything. It’s a lovely team”.
- “It is lovely here, they are all very nice, I can’t complain about anything”.
- “I am very happy here, the staff do so much”.
- “It is really lovely, I am thankful to be here. People are so kind and helpful. The food is lovely. It’s like restaurant style”.
- “I like it here, the staff are good”.

Ten completed questionnaires were returned to RQIA from residents, resident’s representatives and staff.

Two resident’s representatives commented:

- “This is a marvellous place; I can’t recommend it highly enough”.
- “I know (my relative) is so well looked after here, staff go above and beyond what you would expect. (He/ she) is doing so well since coming here and we know (he / she) loves it”.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

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 with RQIA.

A range of policies and procedures were 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 DHSSPS guidance on complaints handling. Residents and their representatives were made aware of how to make a complaint by way of the Residents Guide, and information displayed around the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

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, and the outcome of the complaint. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events showed that RQIA and the relevant Trust had not been informed of a number of accidents and incidents which should have been reported in accordance with legislation and procedures. A requirement was made. The registered manager was also advised to access RQIA guidance regarding the reporting of notifiable events 2015. The registered manager confirmed a regular audit of accidents and incidents was undertaken, associated records were available for inspection. Records available in the home showed an identified resident had experienced a significant number of falls over a nine week period. The registered manager confirmed that staff had liaised with a range of professionals regarding the identified resident's presentation and onward referrals had been made to relevant professionals. Records available in the home confirmed this. The approach to falls management was discussed with the registered manager. A recommendation was made that staff should complete training relating to falls prevention and falls management.

The Falls Prevention Toolkit was discussed with the registered manager and advice given on how to implement this.

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

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. This included for example dementia care and activities information. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example staff had completed training in human rights, dementia, diabetes management and performance review.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. An inspection of the reports of the last three months found these to be maintained in an informative manner.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular visits to the home and communication of any significant events.

The registered manager confirmed that the home operated 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 the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with

internal and external stakeholders. 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. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Ten completed questionnaires were returned to RQIA from residents, resident's representatives and staff.

One staff member commented in a completed questionnaire:

- Manager has an "open door" policy and can be approached at any time. Will take on board any new suggestions and ideas.

Areas for improvement

Two areas for improvement were identified in relation to the reporting of notifiable events, and for staff to complete training in falls prevention and management.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Helen Craig, 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/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk or assessment 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	
Requirement 1 Ref: Regulation 27.(4)(d)(v) Stated: First time To be completed by: 10 September 2016	The registered provider shall ensure fire safety checks are maintained on an up to date basis.
	Response by registered provider detailing the actions taken: The staff responsible for fire checks was spoken to and I was assured the checks had been completed but failed to be documented to the file. This has now been updated and staff reminded to complete paperwork. This will be kept under review.
Requirement 2 Ref: Regulation 16.(2)(b) Stated: First time To be completed by: 15 September 2016	The registered provider shall ensure the care plan for the identified resident is updated so that it reflects the Speech and Language Therapy guidance.
	Response by registered provider detailing the actions taken: This has been updated and agreed with the resident.
Requirement 3 Ref: Regulation 30 Stated: First time To be completed by: 10 September 2016	The registered provider must ensure that RQIA and other relevant bodies are informed of accidents and incidents in accordance with legislation and procedures.
	Response by registered provider detailing the actions taken: All staff have been spoken to and advised of their role in reporting accidents. policies in relation to accidents/ incidents/ head injuries has been reread by all senior staff. a copy of the RQIA guidance is in the accident file for reference.
Recommendations	
Recommendation 1 Ref: Standard 9.2 Stated: First time To be completed by: 10 December 2016	The registered provider should ensure staff complete training in falls prevention and management.
	Response by registered provider detailing the actions taken: Training will be delivered to staff, based on the PHA Falls Toolkit and Fold's Falls Management Policy.

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



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