

**Unannounced Care Inspection
of
Loughview Fold**

9 March 2016

1. Summary of inspection

An unannounced care inspection took place on 9 March 2016 from 10.30 to 16.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met.

One area for improvement was identified and is set out in the Quality Improvement Plan (QIP) appended to this report. This related to the updating of an identified resident's care plan and risk assessment as raised during the previous inspection. This recommendation has been partially met as the risk assessment was updated during the inspection.

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

1.1 Actions/enforcement taken following the last inspection

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

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the acting manager Helen Craig as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Fold Housing Association/ Mrs Fiona Mc Anespie	Registered Manager: Helen Craig (Acting Manager)
Person in charge of the home at the time of inspection: Ingrid Valdez, Helen Craig the acting manager arrived at the home towards the end of the inspection.	Date manager registered: Registration Pending
Categories of care: RC-I , RC-DE	Number of registered places: 28
Number of residents accommodated on day of inspection: 24	Weekly tariff at time of inspection: £485 per week

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 has been met:

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

4. Methods/processes

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

During the inspection the inspector met with 15 residents individually, three care staff, one senior care staff, and two resident's visitors/representatives. The acting manager was available towards the end of the inspection.

The following records were examined during the inspection: four care records, minutes of residents meetings, the 2014 resident and representative response report, accident and incident records, complaints, staff training records and the homes Fire Safety Risk Assessment.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 6 December 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of requirements and recommendations from the last Care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 20.(1) (a)	Staffing The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents - Ensure that at all times suitably qualified competent and experienced persons are working at the home in such numbers as appropriate for the health and welfare of residents. <ul style="list-style-type: none"> Review the adequacy of staffing levels day and night including referring to RQIA staffing guidelines, with consideration of the environment, categories of care, needs of residents and confirm outcome 	Met

	Action taken as confirmed during the inspection: We inspected staff duty records and spoke with four staff members on duty who confirmed that staffing levels were maintained at the level to meet resident's needs. We can confirm the night staffing levels were being maintained in keeping with numbers identified within the homes Fire Safety Risk Assessment.	
Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 6.2	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.	Partially met
	Action taken as confirmed during the inspection: From our discussions with the person in charge we found that the care plan for the identified resident had not been updated accordingly. We can confirm the risk assessment was updated during the inspection. This recommendation has been partially met, but is stated for a second time in the Quality Improvement Plan appended to this report.	
Recommendation 2 Ref: Standard 9.3	The acting manager should ensure that the care plan template is improved to fully reflect individual continence needs.	Met
	Action taken as confirmed during the inspection: From our inspection of four care records we can confirm that a consistent approach has been adapted to record residents' continence needs within the care plan template.	
Recommendation 3 Ref: Standard 17.10	The acting manager should ensure the complainant's level of satisfaction with the outcome of any complaints investigation is sought and recorded.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>We inspected the complaints book maintained in the home, there were no new complaints made since the previous inspection. We viewed copies of electronic records maintained these showed the complainants level of satisfaction with the outcome of complaints was recorded.</p>	
<p>Recommendation 4</p> <p>Ref: Standard 11.3</p>	<p>The registered manager (acting) should ensure that residents' sign the pre-view report if they participate include finance support and information as detailed in the report.</p> <ul style="list-style-type: none"> • Provide an update of action taken and confirm that pre-review reports are completed for all review meetings for the identified resident. <p>Action taken as confirmed during the inspection:</p> <p>The person in charge confirmed that the identified resident was no longer a resident at the home therefore this information was not required.</p>	Not required
<p>Recommendation 5</p> <p>Ref: Standard 13.9</p>	<p>A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p> <ul style="list-style-type: none"> • The duration (i.e. start, finish times) should be recorded <p>Action taken as confirmed during the inspection:</p> <p>We inspected activity records maintained in the home these reflected the duration of activities.</p>	Met

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

Is care safe? (Quality of life)

In our discussions with the person in charge and staff members on duty they confirmed that individual choices, preferences, or issues of concern identified by residents are listened to and readily acted on. Staff demonstrated to us a good awareness of the values of independence,

choice and consent. Staff were aware of the need to consistently demonstrate these values to underpin the practice of the home.

We inspected four care records; these were stored on an electronic record system. We found that care plans were reviewed on a three monthly basis. Risk assessments were also updated on a three monthly basis. All care plans inspected were signed by residents and or their representatives in a hard copy maintained in the home. We discussed with the acting manager towards the end of the inspection the opportunities to expand on the information sought for falls risk assessments within the electronic recording system. We found limited information was requested by the electronic system which could result in relevant information being lost. The acting manager confirmed she would speak with her line manager regarding the application of the system to explore improvement of the quality of the information captured.

Is care effective? (Quality of management)

The home had relevant policies in place and on public display for residents and their representatives on how to make a complaint. There was evidence of comments being sought from visitors and representatives on a regular basis by the home. Visitors are encouraged to share their views; these are then displayed in a central part of the home. We observed a suggestion box on display which the person in charge confirmed is used to gather views from residents and their representatives.

We requested the home's annual quality review report, the person in charge confirmed to us that this was not yet available as questionnaires had been distributed to residents, representatives and staff in February 2015. The report had still to be compiled. The person in charge confirmed that the views and opinions are sought formally each year by an organisation independent of the home. The person in charge shared with us the quality review report from 2014 this reflected feedback from residents and their representatives regarding the quality of care in the home. Areas looked at included meals, activities, staffing, how to make a complaint and views about the care being provided. The acting manager confirmed that this report is displayed in a prominent part of the home for residents and representatives to view same. The acting manager also confirmed that any issues raised or actions identified would be addressed.

We inspected minutes of residents meetings. These showed that meetings were being held on a regular basis. Staff confirmed that not all residents choose to attend meetings but those who wish to attend do so. The minutes available confirmed this.

From our discussions with residents they confirmed that they were aware of how to make a complaint, they also confirmed that they would make choices on a regular basis including what meals they have, activities they participate in, rising and retiring times. Some residents are actively involved with specific interests in the home including gardening, tending to house plants, setting tables and helping to maintain dining areas.

We viewed the homes quarterly newsletter which was on display. The newsletter is also available for visitors and representatives to the home. This included information about news, and events in the home. A strong focus on resident involvement was evident. This is to be commended. The acting manager confirmed the newsletter was also available for visitors and representatives to the home.

The acting manager confirmed that residents and their representatives would be informed about any planned inspections and would be encouraged to give their views about the home to inspectors.

Is care compassionate? (Quality of care)

In our discussions with the acting manager and staff they confirmed that residents' individual needs and preferences were at the centre of care provision in the home. From our observations of care practices and interactions between residents and staff, warm relations were evident. Residents' were observed as being treated with dignity and respect. Residents' appeared comfortable and at ease in the home.

Two visitors who we spoke with confirmed that their family members were well cared for and that their independence and privacy were respected at all times.

Areas for improvement

We did not identify any areas for improvement from the standard inspected. Overall this standard was assessed as being met.

Number of requirements:	0	Number of recommendations:	0
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5.4 Additional areas examined

5.4.1 Residents' views

We spoke with 15 residents individually in accordance with their capabilities all expressed or indicated that they were happy with their life in the home, their relationship with staff and the care given. Some comments received from residents included:

- "There are no complaints from me; I have all that I could want."
- "We are well looked after, I am glad to be here."
- "Everyone is very kind, they are always helpful. I am very happy here".
- "I feel lucky to have found somewhere like this."
- "The staff are good, I have everything I need."
- "It is wonderful."
- "I am very happy here, I couldn't ask for anything more."

5.4.2 Visitor/representatives views

We met with two visitors/representatives who shared with us their experiences of visiting the home. Some comments from visitors included:

- "We are very happy with the care here, it is so much better than what we had experienced before".
- "This is a marvellous place, everything is very good. I can highly recommend it".

5.4.3 Staff Views

We spoke with three care staff and the senior carer in charge. Staff confirmed that they were supported in their respective duties and were provided with relevant training and resources to undertake their duties.

Some staff shared with us their views that they felt residents dependencies were increasing. We discussed this issue with the registered manager who confirmed that resident's needs are reviewed regularly and that recent changes to the categories of care in the home mean that many residents now admitted have a greater level of dependency than those previously admitted for residential care. The acting manager confirmed that care reviews are held regularly during which placement suitability for residents is also reviewed.

5.4.4 General environment

Following an inspection of the environment we found it to be warm, clean and tidy. Residents' bedrooms were homely and personalised to reflect their own interests and preferences. We found information boards placed around the home were maintained on an up to date basis, to inform residents of upcoming social events.

5.4.5 Accidents and incidents

We reviewed the accident and incident reports from the previous inspection and found these to be managed and reported appropriately.

5.4.6 Complaints

We inspected complaints records maintained in the home. There were no new complaints made since the previous inspection in December 2015. We discussed with the registered manager the procedure for recording and dealing with complaints. The acting manager confirmed that electronic records maintained reflected the complainant's level of satisfaction with the outcome. We viewed a completed electronic record this contained all relevant information.

5.4.7 Fire Safety

An up to date Fire Safety Risk Assessment was in place the registered manager confirmed that any recommendations made had been actioned accordingly. Fire safety checks and staff fire training was maintained on an up to date basis. The acting manager confirmed the next fire safety training for staff was scheduled for April 2016.

Areas for improvement

We identified no areas for improvement from the additional areas examined.

Number of requirements:	0	Number of recommendations:	0
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the acting manager Helen Craig 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 and The 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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Recommendations			
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.		
	Response by Registered Person(s) detailing the actions taken: This risk assessment was reviewed while inspection was in progress and care plan updated to reflect this. Following discussions with CSM , the falls risk assessment has now been changed and we are currently using the Cannard falls risk assessment		
Registered Manager completing QIP	Helen Craig	Date completed	4/4/2016
Registered Person approving QIP	Deirdre Carr	Date approved	6/4/16
RQIA Inspector assessing response	Bronagh Duggan	Date approved	11/4/16

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