

Unannounced Care Inspection Report

24 January 2017



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 24 January 2017 from 10:30 to 17.30.

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, infection prevention and control and the home's environment.

One requirement relating to the completion of fire safety checks has been stated for a second time.

Is care effective?

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

Two recommendations were made in regards to the introduction of a matrix to monitor the completion of care reviews and to further develop the accident and incident audit tool to facilitate an analysis of trends and patterns which could be used to minimise risk and improve practice.

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, quality improvement and maintaining good working relationships.

One recommendation relating to the completion of training in falls prevention and management has been stated for a second time.

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	1	3

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 8 September 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 since the previous care inspection, the returned Quality Improvement Plan and the previous inspection report.

During the inspection the inspector met with eight residents, three care staff, one senior care staff 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 schedule/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)
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- 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
- Programme of activities

A total of 30 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. 23 questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 08/09/16

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 08/09/16

Last care inspection statutory requirements		Validation of compliance
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.	Partially Met
	Action taken as confirmed during the inspection: Review of fire safety check information showed that monthly checks were maintained on an up to date basis, however a number of omissions were noted in relation to weekly fire alarm checks. This requirement has been stated for a second time in the Quality Improvement Plan appended to this report.	

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.	Met
	Action taken as confirmed during the inspection: The care plan for the identified resident was updated accordingly.	
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.	Met
	Action taken as confirmed during the inspection: Review of accident and incident records and discussion with the registered manager confirmed that these had been reported appropriately in accordance with legislation and procedures.	
Last care inspection recommendations		Validation of compliance
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.	Not Met
	Action taken as confirmed during the inspection: This had not been done. This recommendation has been stated for a second time in the Quality Improvement Plan appended to this report.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home. Staff shared with the inspector there can be occasions when the number of staff is reduced in the mornings from four to three care staff, they felt that this resulted in less time to spend with residents. This issue was discussed with the registered manager who confirmed staffing levels were subject to regular review and changes are made accordingly depending on the number and needs of residents. Some staff had been off but were due to recommence their posts. The registered manager also confirmed that recruitment of new staff was ongoing. On the day of inspection staff were observed to be meeting the resident's needs.

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

Review of one completed induction record 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 reviewed during the 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 competency and capability assessment for a recently recruited staff member was reviewed and found to be satisfactory.

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 records were retained at the organisation's personnel department.

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

The adult safeguarding policy and procedure was viewed during the previous inspection and 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 has been established.

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. The need to ensure the ongoing review of residents needs was discussed with the registered manager.

The registered manager confirmed there were restrictive practices employed within the home, notably locked doors and electronic entry systems. The registered manager confirmed that should any other restrictive practices be implemented these would also be 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.

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.

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 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 March 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records showed staff completed fire safety training in April 2016, the registered manager confirmed the next fire safety training session was planned for April 2017. The need to ensure all staff members complete fire safety training twice annually was discussed with the registered manager. Following this discussion the registered manager confirmed the fire safety training session would be brought forward thus ensuring two sessions per annum for staff.

The most recent fire drill was completed in April 2016, 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 monthly and were regularly maintained. As stated earlier in this report it was noted that there had been a number of omissions with regards to the completion of weekly fire alarm checks. This issue was raised during the previous inspection, a requirement relating to the completion of checks on an up to date basis has been stated for a second time. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Twenty three completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied. Two respondents were unsatisfied this information was shared with the registered manager.

Comments received from completed questionnaires were as follows:

- I feel very safe.
- I feel that the care staff take ownership and genuinely care about the residents as they would if they were their own family.
- An extra care assistant would be helpful at times when residents needs change due to their general health. Staff have more time with the resident.
- Feel very safe.

- I'm satisfied with the care provided.

Areas for improvement

No new areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	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 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. manual handling, nutrition, falls, where appropriate) 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. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Information regarding the most recent care reviews was available within two of the care records. A recommendation was made that a matrix should be developed to monitor the completion of care reviews for all residents. Discussion with staff confirmed that a person centred approach underpinned practice. For example residents are encouraged to make choices regarding rising and retiring times, meals, activities, as well as being encouraged to maintain individual interests such as tending to flowers and pot plants.

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. Information was displayed on notice boards throughout the home which reflected information gathered from residents, representatives and staff. Residents are encouraged to share their views, the outcome of this is displayed on a "You said we did" information board. Audits of accidents and incidents (including falls) were available for inspection. The information available focused on the frequency of accidents and incidents. A recommendation was made that the audit tool should be developed further to facilitate an analysis of trends and patterns which could be used to minimise risk and improve practice. 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 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 reviewed during the inspection these showed residents were consulted with regularly with regard to meals, activities, social events, laundry and other aspects of their life in the home.

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.

Twenty three completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied. Two respondents were unsatisfied.

Comments received from completed questionnaires were as follows:

- Care is very good
- Residents are all well cared for at Loughview and all needs met daily
- The care staff are very effective in working together and communicating with all staff involved in residents care

Areas for improvement

Two areas for improvement were identified in relation to the development of a matrix to monitor the completion of care reviews and to develop further the audit tool used to monitor accidents and incidents to facilitate an analysis of trends and patterns which could be used to minimise risk and improve practice.

Number of requirements	0	Number of recommendations	2
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4.5 Is care compassionate?

The registered manager confirmed 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 were 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. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

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 information regarding activities and meals was displayed on notice boards throughout the home in both written and pictorial format.

The registered manager, residents and staff confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected. For example by ensuring discussions regarding resident's care needs be held in private areas.

The registered manager 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 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' meetings, suggestion box, annual reviews, satisfaction surveys.

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 on the main notice board in the home. An action plan was developed and implemented to address any issues identified. Improvements made as a direct result of the resident consultation included more exercise classes, new curtains fitted, garden furniture repainted and more frequent tea breaks.

Discussion with staff, residents, and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example quizzes, bingo and computer classes. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example carol singers from local schools would visit the home around Christmas, residents are also supported to visit local shops.

Residents spoken with during the inspection made the following comments:

- "They (staff) are all awfully good, really excellent. I can't complain about anything, I really cant."
- "I am very happy here, everyone is very good."
- "I like it alright, I like to look after the plants that's my job."
- "We are well looked after here, too well looked after. This is a lovely home, it really couldn't be better."
- "No complaints, we have everything we could ask for."

Twenty three completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied. Two respondents were unsatisfied the manager was made aware of this.

Comments received from completed questionnaires were as follows:

- Very good.
- Our residents are treated with dignity and respect and are actively encouraged to participate in suggestions for improvements at Loughview.
- Very happy.
- I am very satisfied with the care I receive.
- Sometimes lacking in compassion and dignity.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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 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.

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, and information displayed. 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. The registered manager was reminded of the need to ensure the complainant's level of satisfaction was recorded at all times as this information was not always included. Arrangements were in place to share information about complaints and compliments with staff.

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. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. As stated in section 4.4 of this report a recommendation was made to develop further the audit tool. The registered manager confirmed learning from accidents and incidents was disseminated to all relevant parties.

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. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents including for example dementia awareness, diabetes management, and care at end of life.

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.

There was evidence of managerial staff being provided with additional training in governance and leadership. For example the registered manager had completed training in performance review. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

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 managers meetings.

The registered manager 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 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 and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns and that they will offer support to staff.

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 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.

Staff spoken with during the inspection made the following comments:

- “I think the home is run really well, there is a good team and we work well together”.

Twenty three completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied. Two respondents were unsatisfied.

Comments received from completed questionnaires were as follows:

- Service is very good.
- I feel very safe here. I didn’t know there was such a place. I thought you had to die before you went to heaven.
- Excellent manager.
- The service has not been well led.
- The manager is excellent and has been a great support to me and my (relative). The Fold is very fortunate to have Helen working on their behalf.
- The home is run very well with plenty of staff training and policy, procedures excellent to guide staff.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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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 for 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: Second
time

To be completed by:
31 January 2017

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 regulatory requirements in respect of fire safety checks have been enforced with all Senior staff who are responsible for completing same. This is subject to review by the Registered Manager and the Care Services Manager.

Recommendations

Recommendation 1

Ref: Standard 20.10

Stated: First time

To be completed by:
24 April 2017

The registered provider should develop a matrix to monitor the completion of care reviews for all residents.

Response by registered provider detailing the actions taken:

A matrix to collate this information has been established.

Recommendation 2

Ref: Standard 20.10

Stated: First time

To be completed by:
24 April 2017

The registered provider should ensure the audit tool used to monitor accidents and incidents is developed further to facilitate an analysis of trends and patterns which could be used to minimise risk and improve practice.

Response by registered provider detailing the actions taken:

An audit tool has been developed for this purpose for each resident. This is reviewed each month by the Registered Manager and will be reviewed as part of the Care Service Managers monthly audit visits.

Recommendation 3

Ref: Standard 9.2

Stated: Second time

To be completed by:
24 April 2017

The registered provider should ensure staff complete training in falls prevention and management.

Response by registered provider detailing the actions taken:

This has been actioned by the Registered Manager and the existing training is to be further enhanced to include more detail in this area.

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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