

Unannounced Care Inspection Report 14 September 2017



15 Main Street

Type of Service: Residential Care Home
Address: 15 Main Street, Conlig, BT23 7PT
Tel No: 028 9146 8039
Inspector: Alice McTavish

www.rqia.org.uk

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 3 beds that provides care for adults who have a learning disability.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group / Challenge Responsible Individual: Andrew Mayhew	Registered Manager: Robert Alexander
Person in charge at the time of inspection: Rebecca Stewart, deputy manager	Date manager registered: Application received - "registration pending"
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 3

4.0 Inspection summary

An unannounced care inspection took place on 14 September 2017 from 09:30 to 12:40.

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 and appraisal, adult safeguarding and risk management, care records, audits and reviews, listening to and valuing residents, governance arrangements and quality improvement.

Two areas requiring improvement were identified. One area related to the completion of competency and capability assessments for staff given the responsibility of being in charge of the home for any period in the absence of the manager. One area related to the environment of the home.

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	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Rebecca Stewart, Deputy 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.

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 4 November 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and notifiable events received since the previous care inspection.

During the inspection the inspector met with one resident, one member of care staff, the deputy manager and the manager who was present for a short time during the inspection.

A total of seven questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Five 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
- Staff training schedule/records
- Care file of one resident
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Audits of fire safety checks/tests and first aid equipment
- Equipment maintenance records
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

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 August 2017

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was due to be returned for approval by the finance inspector.

6.2 Review of areas for improvement from the last care inspection dated 4 November 2016

There were no areas for improvement 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 deputy 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 and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the deputy 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.

In discussion with the deputy manager it was established that competency and capability assessments were not 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. Action was required to ensure compliance with the regulations in relation to the completion of competency and capability assessments.

Discussion with the deputy 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. The deputy manager advised that enhanced AccessNI disclosures were viewed by the organisation for all staff prior

to the commencement of employment, also that the manager received written confirmation that all documentation was satisfactory.

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 the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures 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 deputy manager established that no adult safeguarding issues had arisen since the last care inspection. The deputy manager advised that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The deputy manager advised there were risk management procedures in place relating to the safety of individual residents. Discussion with the deputy 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.

The deputy manager advised there were restrictive practices employed within the home, notably a locked front door, door alarms, motion sensors and the management of smoking materials. One to one staffing arrangements were also used and this was under review. The deputy manager advised that wakened night staff may be necessary to further ensure safety for residents. Discussion with the deputy manager 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 deputy manager advised there were risk management policy and procedures in place in relation to the safety of the home. Discussion with the deputy 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. Control of Substances Hazardous to Health (COSHH), fire safety etc.

The deputy manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. 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 deputy 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.

Inspection of the internal and external environment identified that the home and grounds were kept safe and suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. It was noted, however, that the stair and hallway carpets were stained, the paintwork on the exterior door and windowsills was in a poor state and the front garden was untidy. Action was required to ensure compliance with the standards in relation to the environment of the home.

The home had an up to date fire risk assessment in place dated 2 March 2017 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed, most recently on 1 June 2017. Records were retained of staff who participated and any learning outcomes. Advice was given about how the staff training records could be modified to include attendance at fire drills in order to ensure managerial oversight of this area.

Fire safety records identified that the fire alarm and smoke alarm systems were tested weekly and emergency lighting was checked monthly. All equipment and systems were regularly maintained. Residents also completed a health and safety induction on admission to the home which included emergency evacuation procedures. This represented good practice.

Five completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

Two areas for improvement were identified. One related to the completion of competency and capability assessments for staff. One related to the home's environment.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

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

A review of the care records of one resident confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. behaviour 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. 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. Discussion with staff confirmed that a person centred approach underpinned practice.

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 deputy manager advised 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 fire safety checks/tests and first aid equipment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The deputy manager advised 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, staff meetings and staff shift handovers. The deputy manager and staff advised 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 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.

Five completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A comment received from a resident was as follows:

- “Staff meet requests promptly.”

Comments received from a member of staff were as follows:

- “I feel there may be a need for night shift (awake) rather than a sleepover as alarm only sounds when (service users) leave (bed)rooms. If staff do not hear they cannot react.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 deputy manager 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 confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort, including anxiety or distress, was managed in a timely and appropriate manner. A review of care records evidenced that clear management plans were in place for the management of distressed behaviours.

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.

The deputy manager advised that consent was sought in relation to care and treatment. Written consents were in place for the sharing of records and these were signed by residents. Discussion with staff along with observation of care practice demonstrated that residents were treated with dignity and respect. Staff stated that they were aware of promoting residents’ rights, independence and dignity.

The deputy manager and staff advised 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 and that their needs were recognised and responded to in a prompt and courteous manner by staff.

Discussion with staff and residents and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Five completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A comment received from a member of staff was as follows:

- “Family members should be told of any decisions affecting service users.”

Areas of good practice

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.

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 deputy 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. 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 the Residents

Guide which was also available in an easy read version. In discussion with staff they advised that they were knowledgeable about how to receive and deal with complaints.

Discussion with the deputy manager established that no complaints had been received since the last care inspection. A review of 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. Arrangements were in place to share information about complaints and compliments with staff. The deputy manager advised that should complaints be more regularly received, an audit of complaints would be 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 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. A satisfaction survey was not recently completed as the home had not been occupied.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

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 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 deputy manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The deputy manager advised 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 employer's liability insurance certificate were displayed.

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

Review of records and discussion with the deputy manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The deputy manager advised 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 deputy manager advised that

staff could also access line management to raise concerns and that management would 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 deputy manager advised that there were arrangements in place for managing identified lack of competency and poor performance for all staff.

Five completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, 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 Rebecca Stewart, Deputy Manager, as part of the inspection process. 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 the web portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 20.-(3)</p> <p>Stated: First time</p> <p>To be completed by: 15 December 2017</p>	<p>The registered person shall ensure that competency and capability assessments are 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.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All staff working at 15 Main Street now including support workers have completed the Praxis competency assessments for Team Leaders (and staff who are left in charge in the absence of a manager). Previously these had only been completed by the Team Leaders based at 42 Foresthill. These assessments are available to be inspected.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 15 December 2017</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • the stair and hallway carpets are cleaned or replaced • the front door and windowsills are repainted • the front garden is tidied <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Carpets have been cleaned and the front garden tidied. Quotes are being sourced for the painting work.</p>

**Please ensure this document is completed in full and returned via web portal*



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