



# Unannounced Care Inspection Report 24 and 28 June 2019



## 15 Main Street

**Type of Service: Residential Care Home**  
**Address: 15 Main Street, Conlig BT23 7PT**  
**Tel no: 028 9146 8039**  
**Inspectors: Alice McTavish and Joe McRandle**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to three residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Praxis Care Group / Challenge  <b>Responsible Individual:</b> Andrew James Mayhew	<b>Registered Manager and date registered:</b> Rebecca Stewart 19 April 2018
<b>Person in charge at the time of inspection:</b> Rebecca Stewart	<b>Number of registered places:</b> 3
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 2

### 4.0 Inspection summary

An unannounced inspection took place on 24 June 2019 from 10.20 hours to 13.00 hours and 28 June 2019 from 11.30 hours to 12.30 hours.

This inspection was undertaken by care and finance inspectors.

The inspection 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 training, supervision and appraisal, care planning and assessment of risks, supporting residents to live as part of the community.

No areas requiring improvement were identified.

A resident described living in the home in positive terms.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Rebecca Stewart, registered manager, as part of the inspection process and can be found in the main body of the report.

## 4.2 Action/enforcement taken following the most recent inspection dated 19 February 2019

The most recent inspection of the home was an unannounced care inspection. No further actions were required to be taken following this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from estates and pharmacy inspections, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A member of staff who we spoke with during the inspection described the care as 'excellent'.

Three questionnaires were returned by staff. Some respondents indicated that they were satisfied and others were dissatisfied with aspects of the care provided in the home. This was shared with the manager who undertook to address any concerns raised by staff.

During the inspection a sample of records was examined which included:

- staff duty rotas from 24 June to 30 June 2019
- staff training schedule
- two residents' records of care
- governance audits
- accident/incident records from August 2018 to June 2019
- reports of visits by the registered provider from January to April 2019
- RQIA registration certificate
- copies of written agreements for two residents
- records of monies held on behalf of two residents
- records of reconciliations between residents actual monies held and records of monies held
- purchases undertaken on behalf of two residents, including receipts from the purchases

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 last care and finance inspections

No areas for improvement were identified at the last care inspection. Areas for improvement identified at the last finance inspection have been reviewed and assessed as being met.

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

The manager and staff on duty confirmed that staffing was safe and kept under review. There was care staff on duty during the day and in the evenings and overnight.

### Staffing and recruitment

We could see that the duty rota accurately reflected the staff working within the home. The duty rota was made out for staff who worked in the residential home and in the supported living services which were located in the same vicinity. We asked that a separate duty rota is kept for the residential home and that the person in charge is clearly noted on the rota. The manager later submitted a revised rota.

We looked at records to make sure that staff were properly recruited and that all pre-employment checks had been made. We saw evidence that all staff were properly vetted and suitable to work with the residents in the home.

### Staff induction, supervision, appraisal and competency

We spoke with staff who told us that they had a very thorough induction to working in the home. All care staff had supervision at least six times each year. This exceeds the standards. We saw a schedule kept by the manager to make sure that all staff had an annual appraisal of their work.

All senior care staff had an assessment of their competency and capability completed by the manager to ensure that they can take charge of the home the manager was not on duty. The manager reviewed this every year to ensure that it was always current. This is also good practice.

## **Staff training and registration with their professional body**

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training.

Staff told us that they were registered with their professional body, the Northern Ireland Social Care Council (NISCC) and we saw records of these registrations. Registration with NISCC is necessary to ensure that social care staff are safe practitioners and they adhere to NISCC standards of conduct and practice.

## **Safeguarding residents from harm**

The manager described how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The home had a safeguarding champion. A report on the safeguarding arrangements for the previous year was being completed.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

The manager described how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

## **Environment**

We walked around the home and saw that it was in good decorative state and it was kept clean, warm and comfortable. Bedrooms contained the personal possessions of residents and there were no malodours.

There was a lounge and a dining room for the use of residents on the ground floor. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

## **Restrictions**

The manager told us that she makes sure that residents living in 15 Main Street enjoyed as much freedom as possible whilst remaining safe and some restrictions were necessary to achieve this.

When we looked at care records for residents we saw that any restrictions were documented in detail. The manager told us that any restrictions were discussed and agreed with residents and their relatives, kept under review and removed when they were no longer needed.

## Areas of good practice

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

## Areas for improvement

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.4 Is care effective?

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

We spoke with staff who were able to describe in detail the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

## Management of risks relating to residents

We saw from the care records that there was a robust assessment and admissions process before residents could be admitted to 15 Main Street. When risks were identified and assessed, a plan was put in place to meet the care needs of the resident and to reduce any risks. The manager described how there was good working relationships between professionals and how this helped the process of assessing care needs, planning care and working towards managing risks.

## Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents. We saw how the records incorporated Human Rights considerations and how staff in the home shared the content of care records with the residents they wrote about; these records were signed and dated by the residents. A range of records was presented in an easy read format to help residents understand. This is good practice.

There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. We saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year. We also saw evidence that the care records were audited regularly to make sure that they were accurate and up to date.

## Areas of good practice

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



## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 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.**

One resident returned to the home for a short time during the inspection. We could see that the interactions between the resident and staff were positive and the resident appeared content and at ease with staff. The resident said that “all is going well”.

## Activities

We could see that residents’ wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident liked to do and residents’ daily routines were recorded. Staff told us that the residents’ routines were carefully planned to meet residents’ specific needs and a flexible approach was adopted, as far as possible.

Staff told us about the range of activities available and how the staff worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. Staff gave examples of how residents were supported to be as independent as possible and how a person centred approach by staff helped residents to achieve this.

## Resident involvement

We spoke with staff about how residents were given the opportunity to discuss any issues and to make suggestions about how they live their lives in the home and how they spend their time. Staff told us that residents were consulted about their routines and activities and individual preferences were accommodated as far as possible. Staff also reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to dignity and privacy and to supporting residents to live as part of the community.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



## 6.6 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.**

Staff in the home said that they got good support from their manager who was supportive and approachable. The manager told us that the staff team was dedicated and reliable and committed to delivering a high quality of care to residents.

### Managerial oversight

The manager completes managerial tasks to make sure she is satisfied that the home runs well. She completes audits of areas such as medications and the home's environment and looks for any ways in which all aspects of the running of the home can be improved. The manager also makes sure that systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

We saw that a current fire risk assessment for the premises was in place and that no recommendations were made. We saw that the fire detection and alarm system was regularly serviced and tested.

### Accidents and incidents

The manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

### Communication

The manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. Staff described how information was exchanged between each shift by using a communication book and how this ensured that correct information was passed on. If there were any changes to a resident's care plan, these were shared with staff who would sign to confirm that they had read the new care plan.

### Visits by the registered provider

The home was visited by the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits between January and April 2019 and found them to be comprehensive. The reports showed evidence of how the provider engaged with residents and staff to obtain their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

## Management of service users monies

The following areas were examined and found to be satisfactory:

- recordings of transactions undertaken on behalf of residents, including the retention of receipts
- recording the details of the financial arrangements in place for residents
- updated written agreements retained within residents' files

The financial systems in place at the home, including controls surrounding the management of residents' finances, for example, the system for reconciling residents' monies, were also reviewed and were found to be satisfactory.

## 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
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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