



The Regulation and
Quality Improvement
Authority

15 Main Street, Conlig
RQIA ID: 1632
15 Main Street
Conlig
BT23 7PT

Inspector: Alice McTavish
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**Unannounced Care Inspection
of
15 Main Street
Conlig**

24 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 24 September 2015 from 14.10 to 16.50. On the day of the inspection we found the home to be delivering safe, effective and compassionate care.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service details

Registered Organisation/Registered Person: Praxis Care Group/Challenge	Registered Manager: Margaret Crilly (Registration pending)
Person in charge of the home at the time of inspection: Margaret Crilly	Date manager registered: Registration pending
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 3
Number of residents accommodated on day of inspection: 1	Weekly tariff at time of inspection: £2940.00

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 and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/process

Prior to inspection we analysed the following records: the returned QIP from the last inspection, notifications of accidents and incidents.

The resident chose not to meet with us. We met with two care staff. No visiting professionals and no resident's visitors/representatives were present. One resident views questionnaire and ten staff views questionnaires were left for completion and return to RQIA.

We examined the care records of the resident, staff training records, the accident and incident register and complaints and compliments records. We also examined policy and procedure documents relating to the standard and theme inspected.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced care inspection dated 11 March 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

No requirements or recommendations were made at the previous care inspection.

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The manager (registration pending) confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this. The manager stated that there had been no deaths within the home.

We inspected the resident's care records and could confirm that a care needs assessment, risk assessment and care plan were in place and were kept under continual review. Documentation was amended as changes occurred to the resident's medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessment was appropriately signed.

The care plan also noted the spiritual and cultural wishes of the resident. Where there had been discussion with the General Practitioner relating to medical interventions, this was noted within the care records. Specific arrangements at the time of the death of the resident was not

noted, however, we were satisfied that there were arrangements being made to establish these.

Is care effective? (Quality of management)

The home had a policy and procedure in place relating to dealing with the death of a resident. The manager confirmed that the content of the policy had been shared with staff members during team meetings.

In our discussions with staff they confirmed that they had received First Aid training and would be able to respond appropriately to an accident or sudden illness.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). Staff also confirmed to us that they were aware of the importance of encouraging nutrition and fluid intake and of ensuring good skin care to a resident at the end of life. Staff confirmed to us that they would liaise closely with district nursing staff to ensure appropriate pain management. Notification of a death would be made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is care compassionate? (Quality of care)

Staff members we interviewed explained that, if the circumstances arose, they would be supported to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that would underpin care within the home as they related to dying and death of a resident. This was to be commended.

The manager described to us how a resident would be cared for in the home at the end of life; whilst the medical needs of the resident would be met by the GP and the district nursing team, the care needs of the resident would be met by the staff. The family would be able to be with the resident at the end of life. The staff would ensure that the family was made comfortable within the home.

The manager explained to us that the news of the death of the resident would be shared with fellow residents within Praxis services in a sensitive manner. Residents who live in other Praxis services but who knew the deceased resident would be given the option to attend the funeral or to visit the grave.

In our discussions with the manager she confirmed that arrangements can be made to provide spiritual care for a resident who is dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying would be enabled to do so, if the resident wishes. Following a death, the body of the deceased resident would be handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences.

The manager confirmed with us that the deceased resident's belongings would be handled with care and his or her representative consulted about the removal of the belongings.

The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

Areas for improvement

There were no areas for improvement within the standard inspected. This standard was met.

Number of requirements:	0	Number of recommendations:	0
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

The manager advised us that the resident did not have continence care needs. Should any resident need specialist support in this area, the district nurse or community continence advisor would provide guidance to staff. The staff members we interviewed during inspection were able to demonstrate knowledge and understanding of continence care.

We reviewed the resident's care records which confirmed that a person centred assessment and care plan was in place relating to maintaining hygiene. Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment.

Through our inspection of the premises and in discussion with staff we could confirm that there was a plentiful supply of laundered bed linen and towels. We observed that gloves, aprons and hand washing dispensers were present within the home. Staff members had received training in infection control and were aware of the process for safe disposal of used continence items, should this be required in future.

Is care effective? (Quality of management)

The home had a written policy and procedure relating to continence management and promotion; the policy document reflected current best practice guidance.

In our discussions with staff and through a review of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff.

Areas for improvement

There were no areas for improvement within the theme inspected. This theme was met.

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

5.5.1 Residents' views

We observed the residents who appeared comfortable and content in their surroundings and in their interactions with staff.

5.5.2 Staff views/questionnaires

We met with two staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties. One staff questionnaire was completed and returned; the staff member indicated satisfaction with the care provided within the home.

5.5.3 Staffing

At the time of inspection the following staff members were on duty:

- 1 registered manager
- 1 support worker

One support worker was scheduled to be on duty later in the day. Two support workers were scheduled to be on overnight duty. The manager advised us that staffing levels were appropriate for the dependency level of the resident accommodated.

5.5.4 Environment

The home was found to be clean and tidy. Décor and furnishings were of a good standard.

5.5.5 Care practices

In our discreet observations of care practices we were satisfied that the resident was treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with the resident in a polite, friendly and supportive manner.

5.5.6 Accidents/incidents

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

5.5.7 Complaints/compliments

No complaints had been received. Records were retained of investigations, outcomes and lessons learned. The home had received several written compliments. Staff advised us that compliments are usually provided verbally.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Margaret Crilly	Date completed	09/10/15
Registered Person	Andy Mayhew on behalf of Irene Sloan	Date approved	14/10/15
RQIA inspector assessing response	Alice McTavish	Date approved	16 October 2015

Please provide any additional comments or observations you may wish to make below:

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

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 service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.