

Unannounced Care Inspection Report 14 August 2018



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

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with three 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: Rebecca Stewart
Person in charge at the time of inspection: Rebecca Stewart	Date manager registered: 19 April 2018
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 August 2018 from 10.40 to 13.40.

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 training, supervision and appraisal, adult safeguarding, risk management, care records, communication between residents, staff and other interested parties, listening to and valuing residents and to governance arrangements and quality improvement.

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	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.

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 20 March 2018.

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, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, one resident and one member of care staff. No visiting professionals and no residents' representatives were present.

A questionnaire was provided for the only resident accommodated or their representative to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. One questionnaire was returned by a resident. One questionnaire was returned from a member of staff within the agreed timescale.

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

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Care file of one resident
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls, outbreaks), Infection Prevention and Control (IPC), Northern Ireland Social Care Council (NISCC) registrations
- Equipment maintenance records
- Accident, incident, notifiable event records
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Annual Service User Survey report
- Programme of activities
- Policies and procedures

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 23 March 2018

The most recent inspection of the home was an unannounced medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 20 March 2018

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 registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were not used in the home. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

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. The registered manager advised that no new staff had commenced duties in the home since the last care inspection. The registered manager was aware of the recently launched NISCC induction programme and advised that this was being adopted for use in the organisation.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection. It was noted that staff received formal supervision on a quarterly basis and that group supervisions were also completed. In addition, senior staff also conducted observations of staff practice and staff completed individual reflective practice logs. This represented good practice.

Discussion with the registered manager confirmed that competency and capability assessments were undertaken for any person who was given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

A review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. The registered manager advised 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. As no staff were recruited since the previous inspection, staff files were not reviewed on this occasion.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Records were maintained of staff registrations. The organisation also sent alerts to the registered manager to advise of the date that registration fee payments were due.

The adult safeguarding policy was reviewed during a previous care inspection and was found to be consistent with the current regional policy and procedures. The policy 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.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. 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.

The registered manager advised that no adult safeguarding issues had arisen since the last care inspection; all 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 registered manager advised there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was reviewed during a previous care inspection and was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager advised there were restrictive practices within the home, notably a locked front door, door alarms, one to one staffing arrangements and the management of smoking materials. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the statement of purpose and residents guide and a restrictive practices register was fully completed for residents.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management 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 registered manager was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced 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 an 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home.

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 advised that the organisation's Quality and Governance team had completed an IPC compliance audit in June 2018 and all recommendations arising had been actioned appropriately.

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 residents' bedrooms were found to be individualised 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 was 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. No malodours were detected in the home.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety, smoking etc.

The home had an up to date Legionella risk assessment in place dated 6 September 2017 and all recommendations had been actioned.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 27 March 2018 and no recommendations had been made.

A review of staff training records confirmed that staff completed fire safety training twice annually. A review of fire safety records identified that fire-fighting equipment was tested annually, fire and smoke alarm systems were checked weekly and that emergency lighting and

means of escape were checked monthly. All systems and equipment were regularly maintained.

It was established that one resident smoked. A review of the care records of the resident identified that risk assessment and a corresponding care plan had been completed in relation to smoking. Residents also received a health and safety induction to the home on admission. This included understanding the fire alarm and what to do in the event of a fire, evacuation routes and exits and the use of the fire blanket and fire extinguishers.

A member of staff spoken with during the inspection made the following comments:

- “New staff are welcomed and are given a good induction to working in the home. There is plenty of support for all staff which includes excellent supervisory support and annual appraisals. There is lots of opportunity for staff to meet and discuss the care needs of anyone who lives in No. 15.”

One completed questionnaire was returned to RQIA from a resident. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with General Data Protection Regulation (GDPR). 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 assessments and risk assessments were completed in a high degree of detail and 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 and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

The registered 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 accidents and incidents were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The registered 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. Minutes of staff meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within 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.

The registered manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

A member of staff spoken with during the inspection made the following comments:

- “The care needs of residents are met and the staff team is very open to considering new approaches and ideas.”

One completed questionnaire was returned to RQIA from a resident. The respondent described their level of satisfaction with this aspect of care as satisfied.

One completed questionnaire was returned to RQIA from a member of staff. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered 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.

The registered manager advised that consent was sought in relation to care and treatment. A review of care records identified that appropriate written consents were in place. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and how confidentiality was protected.

Discussion with the registered manager confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, distress or anxiety, where appropriate.

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.

Discussion with staff confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them, for example, residents were encouraged and supported to actively participate in the annual reviews of their care.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read.

Discussion with staff 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.

A member of staff spoken with during the inspection made the following comments:

- “The resident is well supported by staff to live an independent and varied life.”

One completed questionnaire was returned to RQIA from a resident. The respondent described their level of satisfaction with this aspect of care as satisfied.

One completed questionnaire was returned to RQIA from a member of staff. The respondent described their level of satisfaction with this aspect of care as very satisfied.

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 registered manager outlined the management arrangements and governance systems in place within the home and advised that 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. The registered manager stated that 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 Resident’s Guide which was also made available in an easy read version. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints.

A 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, 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 registered manager advised that no complaints had been received since the last care inspection; should complaints be more frequently received, an audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision.

The home retained compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these 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. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

There was evidence of managerial staff being provided with additional training in governance and leadership; one staff member reported that he was being supported by the organisation to complete Qualification and Credits Framework (QCF) level 5 in management and leadership. The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the registered manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A visit by the registered provider 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, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

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 stated that the registered provider was kept informed regarding the day to day running of the home through the line management structure of the organisation.

The registered manager reported 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.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

The registered manager advised that some equality data was collected and was managed in line with best practice.

A member of staff spoken with during the inspection made the following comments:

- “I find there is excellent support for staff from both the manager and from the wider organisation.”

One completed questionnaire was returned to RQIA from a resident. The respondent described their level of satisfaction with this aspect of care as very satisfied.

One completed questionnaire was returned to RQIA from a member of staff. The respondent described their level of satisfaction with this aspect of care as very 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

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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