

Unannounced Care Inspection Report 26 April 2016



15 Main Street

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Inspector: Laura O'Hanlon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of 15 Main Street took place on 26 April 2016 from 11.30 to 15.45.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were no requirements made in regard to safe care. One recommendation was made to review the policy on safeguarding to reflect the regional guidance.

Is care effective?

There were no requirements or recommendations made in regard to effective care.

Is care compassionate?

There were no requirements or recommendations made in regard to compassionate care.

Is the service well led?

There were no requirements or recommendations made in regard to the service being well led.

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	0	1

Details of the QIP within this report were discussed with Margaret Crilly, acting 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 Estates Inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Praxis Care Group / Challenge	Registered manager: Margaret Crilly
Person in charge of the home at the time of inspection: Margaret Crilly	Date manager registered: Margaret Crilly – application not yet submitted
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 3
Weekly tariffs at time of inspection: £2940.00.	Number of residents accommodated at the time of inspection: 1

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and the accident/incident notifications.

During the inspection the inspector met with one member of the care staff and the acting manager.

The following records were examined during the inspection:

- One care record
- Duty rota for week beginning 18 April 2016
- Supervision and appraisal schedules
- Record of an induction programme
- Mandatory training records
- Policy on safeguarding
- Fire safety records
- Records of staff meetings
- Records of audits
- Annual quality review report (2015)
- Record of complaints
- Accident and incidents records
- Monthly monitoring reports.

One resident questionnaire, five staff questionnaires and one relatives'/representatives' questionnaire was issued as part of this inspection process.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 4 February 2016

The most recent inspection of 15 Main Street was an announced estates inspection. The completed QIP was returned and approved by the specialist inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 24 September 2015

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The acting 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 staff.

On the day of inspection the following staff were on duty – one support worker in the home with a team leader and acting manager available if required.

Discussion with the acting 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 annual staff appraisals and staff supervision was maintained and was available for inspection.

The acting 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. Such records are stored centrally within staff recruitment files.

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 (where applicable).

The home had an adult safeguarding policy and procedure in place. However this policy did not reference the current regional guidance. A recommendation was made to review this policy to ensure that it reflects the current regional guidance. The home had established a safeguarding champion.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention 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 to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the acting manager, review of accident and incidents notifications, review of care records and review of complaints 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.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges and bathrooms. The residents' bedroom occupied was personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. Discussion with the staff member on duty confirmed that daily work schedules were in place.

Inspection of 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.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home. Each of the bathrooms contained a poster with pictorial prompts to encourage good hand hygiene for the resident.

The acting manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment, risk assessments and supplementary risk assessments were reviewed and updated on a regular basis or as changes occurred.

The acting manager confirmed that no areas of restrictive practice were employed within the home. On the day of the inspection no obvious restrictive practices were observed to be in use.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans were devised by specialist behaviour management teams from the Trust and that the behaviour management plans were regularly reviewed and updated as necessary.

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 acting manager confirmed that action plans were in place to reduce the risk where possible.

The acting manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated 21 October 2015, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed 4 February 2015 and records 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 and were regularly maintained

Areas for improvement

One area for improvement was identified during the inspection. A recommendation was made to review the adult safeguarding policy to reflect the current regional guidance.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care effective?

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

A review of one care record confirmed that these were maintained in line with the legislation and standards. They 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 records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users’ health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The acting manager confirmed that records were stored safely and securely in line with data protection.

The acting 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. Audits of medication and residents’ monies were available for inspection and evidenced that actions identified for improvement were incorporated into practice.

The acting manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. Discussion with the acting manager and staff confirmed that management operated an open door policy in regard to communication within the home.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The acting manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A review of the care record confirmed that residents' spiritual and cultural needs were considered within the home. Discussion with staff and a review of the care record confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

The acting manager confirmed that consent was sought in relation to care and treatment. Care records reflected examples where written consent was obtained. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. An activities planner was on display in the home and these activities were decided by the resident. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The acting manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. In addition to this it was documented within care records.

The acting manager confirmed that 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. Examples of this included the complaints procedure and the fire evacuation procedure were both available in picture format.

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.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The acting manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

A range of policies and procedures were in place to guide and inform staff. The acting manager advised that policies were centrally indexed and stored electronically. The acting manager also confirmed that these policies were easily accessible by staff. The acting manager advised that policies and procedures were systematically reviewed every three years or more frequently should changes occur.

The home had a complaints policy and procedure in place. Residents and their representatives were made aware of the process of how to make a complaint by way of the complaints procedure displayed on the notice board in picture format. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

The acting manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents and 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 this was available for inspection.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the acting 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.

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.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. The acting manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The acting manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employers' liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the acting manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The acting manager confirmed that there were effective working relationships with internal and external stakeholders. The acting manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The acting 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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Margaret Crilly, acting manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s 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 person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

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 establishment. 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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 26 July 2016</p>	<p>The registered person should ensure that the policy on adult safeguarding is reviewed to include the current regional guidance, the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>This Policy & Procedure is currently being revised to reflect the requirements of the regional policy for Northern Ireland and will be re-issued to staff at the beginning of August 2016.</p>

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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