



The **Regulation** and  
**Quality Improvement**  
Authority

80 Upper Movilla  
RQIA ID: 1637  
80 Upper Movilla Street  
Newtownards  
BT23 8JP

Inspector: Patricia Galbraith  
Inspection ID: IN22218

Tel: 02891818463  
Email: [margaretcilly@praxiscare.org.uk](mailto:margaretcilly@praxiscare.org.uk)

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**Unannounced Care Inspection  
of  
80 Upper Movilla Street  
22 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](http://www.rqia.org.uk)

## 1. Summary of inspection

An unannounced care inspection took place on 22 September 2015 from 12.30 to 16.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

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
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

The 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

<b>Registered organisation/Registered person:</b> Praxis Care Group/Challenge	<b>Registered manager:</b> Margaret Crilly (registration pending)
<b>Person in charge of the home at the time of inspection:</b> Margaret Crilly	<b>Date manager registered:</b> Registration pending
<b>Categories of care:</b> RC-LD, RC-LD(E)	<b>Number of registered places:</b> 3
<b>Number of residents accommodated on day of Inspection:</b> 3	<b>Weekly tariff at time of inspection:</b> £470

## 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 the following records were analysed: the returned QIP from previous inspection, notifications of accidents and incidents.

During the inspection we met with two residents and three care staff. No visiting professionals or resident's visitors /representatives were present.

We inspected the care records of two residents, staff training records, the accident incident records and fire safety records. We also inspected the 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 unannounced pharmacy inspection dated 4 December 2015. The completed QIP was returned and approved by the pharmacy inspector.

## 5.2 Review of requirements and recommendations from the last care inspection

Previous inspection statutory requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 29 (3) Monthly monitoring visits	The registered provider must undertake visits at least once a month and appropriately date and record time of visit.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We inspected the registered provider documentation. Records confirmed they had been completed and recorded on a monthly basis.	
Previous inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 23.3	The registered person will ensure that all staff receives training in relation to Protection of Vulnerable Adults.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We inspected training records for protection of vulnerable adults. Records confirmed all staff have had training in this area.	

## 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 registered manager reported that a sudden death had occurred in the home approximately four years ago.

We inspected two residents' care records and confirmed that care needs assessments, risk assessments and care plans were in place and kept under review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept to accurately reflect at all times the needs and preferences of the residents.

The care records contained details of the residents' wishes regarding to his or her death. One resident did not wish to discuss this area and this had been documented. Care records noted the spiritual and cultural wishes of the residents.

### Is care effective? (Quality of management)

The home had a policy and procedure in place relating to dealing with the death of a resident. A separate policy and procedure was in place for caring for a resident with a terminal 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 they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that 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 had been cared for in the home at the end of life; whilst the medical needs of the resident were met by the GP and the district nursing team, the care needs of the resident were fully met by the staff. The family was able to be with the resident at the end of life. The staff ensured that the family was made comfortable within the home.

The manager explained to us that the news of the death of a resident was shared with fellow residents in a sensitive manner. Residents were given the option to attend the funeral.

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

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 residents 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.

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. This policy provided guidance in this area to staff if needed.

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.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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## 5.5 Additional areas examined

### 5.5.1 Residents' views

In accordance with their capabilities, all residents indicated that they were happy with their life in the home, their relationship with staff and the provision of care. Three questionnaires were disturbed during the inspection. Two were returned in time for inclusion in report.

Some comments included:

- "I like it ok. I get on with other residents here."
- "I'm happy here. I'm doing fine."

### 5.5.2 Staff views/questionnaires

We met with three 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.

Some comments included:

- “I feel the staff team is good here and we all work very well together”
- “I find this a very good home to work in”

### 5.5.3 Environment

The home was found to be clean and tidy. Décor and furnishings were fit for purpose and rooms were decorated to individual taste.

### 5.5.4 Care practices

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

### 5.5.5 Accidents/incidents

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

### 5.5.6 Complaints/compliments

Complaints had been recorded and managed appropriately. 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.

### 5.5.7 Fire safety

The home had a Fire Safety Risk Assessment which was in date. Inspection of staff training records confirmed that staff had completed fire training twice annually. Inspection of safety records confirmed that fire equipment, alarms, emergency lighting and fire escapes were checked weekly.

### Areas for improvement

There were no areas for improvement within the additional areas inspected.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered manager</b>	Margaret Crilly	<b>Date completed</b>	27/11/15
<b>Registered person</b>	Andy Mayhew on behalf of Irene Sloan	<b>Date approved</b>	27/11/15
<b>RQIA inspector assessing response</b>	Laura O'Hanlon	<b>Date approved</b>	27.11.2015

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](mailto:care.team@rqia.org.uk) from the authorised email address\**