



The **Regulation** and
Quality Improvement
Authority

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

Inspector: Laura O'Hanlon
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**Unannounced Care Inspection
of
80 Upper Movilla Street**

25 February 2016

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 25 February 2016 from 12.15 to 16.15. On the day of the inspection the home was found to be delivering safe, effective and compassionate care in relation to the standard we inspected which we assessed as being met.

There were no areas for improvement identified during this inspection. This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards (2011).

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: Paul Patterson Support worker	Date Registered: Registration pending
Categories of Care: RC-LD, RC-LD(E)	Number of Registered Places: 3
Number of Residents Accommodated on Day of Inspection: 3	Weekly Tariff at Time of Inspection: £1100.59 - £1217.18

3. Inspection Focus

The inspection sought to determine if the following standard had been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/Process

Prior to inspection we analysed the following records: the previous inspection report and the notifications of accidents and incidents.

We met with three residents, one member of the care staff and the acting manager.

We inspected the following records: two care records, accident /incident reports, registered provider visits, fire safety records, record of the residents' meetings and complaints/compliments records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 22 September 2015. There were no requirements or recommendations made at this inspection.

Review of Requirements and Recommendations from the last Care Inspection dated 22 September 2015.

There were no requirements or recommendations made at this inspection.

5.2 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Is Care Safe? (Quality of Life)

The acting manager confirmed that residents' views were taken into account in all matters affecting them, in so far as practically possible.

Through discussion with the residents they reported to us that their views were actively sought and incorporated into practice. Many examples of this were noted in regard to outings and activities.

The acting manager confirmed that the last residents' meeting was convened on 21 January 2016. The residents' views and wishes were actively sought and recorded in regard to facilities and services, menu planning and activity provision. A record of this meeting was available during the inspection.

The two care records inspected in regard to this standard, demonstrated to us that records were up to date and kept under continual review to reflect the changing needs and preferences of the resident. Care records were person centred, current and comprehensive. This is to be commended.

Is Care Effective? (Quality of Management)

We found that there was a range of methods and processes in place where residents' and their representatives' views were sought. These were reflected within the care management reviews, record of residents' meetings and the registered provider monthly visits. The acting manager confirmed that there was an open door policy within the home for residents and relatives who wished to highlight any issues. The acting manager advised us that she welcomes and encourages residents to offer and challenge ideas within the home.

Copies of review forms were observed within each care record. Residents were present and participated in their care management review where possible.

The acting manager shared with us the annual quality review report dated 2014 - 2015. This reflected the views of residents, representatives and other external visitors to the home.

Is Care Compassionate? (Quality of Care)

Discussion with staff demonstrated that they were knowledgeable about residents needs and a person centred approach was adopted. In our discussions with staff we identified that residents were listened to and responded to by staff.

Staff shared with us examples of how they incorporate their knowledge of values into their practice with residents. This included knocking on doors before entering and seeking their preferences at meal-times.

In our discreet observations of care practices we confirmed 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.

Areas for improvement

There were no areas for improvement identified within the standard inspected. This standard was assessed as being met.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Additional Areas Examined

5.3.1 Residents views

We met with three residents. We observed residents relaxing in the communal lounge area. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and their relationship with staff. Residents were praising of the staff and advised that their wishes were respected in so far as possible.

Residents praised the acting manager. They advised that she was approachable and any issues were promptly addressed. One comment made was:

"We are all happy enough; we are in a safe place with a very good staff team. I have nominated them staff for awards."

5.3.2 Staff views

We spoke with one member of care staff and the acting manager. The staff member advised us that they felt supported in their role. The staff member related that they had been provided with the relevant resources to undertake their duties and demonstrated that they were knowledgeable of the needs of individual residents.

This staff member stated that they felt supported by management and advised that they were very approachable. The staff explained how the residents were offered choices on a daily basis. One comment made was:

"I feel supported in my job. I am constantly working towards maintaining a good relationship with both staff and residents. I am willing to keep learning and partake in training."

5.3.3 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard.

We identified that there was no extractor fan within the main bathroom. Therefore there was evidence of a damp area on the ceiling in the bathroom. In discussions with the acting manager we were informed that refurbishment of the entire bathroom is planned for 2016.

5.3.4 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner.

5.3.5 Fire safety

We confirmed that the home's most recent fire safety risk assessment was dated 21 October 2015. We reviewed the fire safety records and confirmed that fire safety training was undertaken twice yearly. The records indicated that a fire drill took place on 30 December 2015.

5.3.6 Accidents/incident reports

We reviewed the accident/incident records which have occurred since the previous inspection and confirmed that these were appropriately managed and reported.

5.3.7 Complaints/compliments records

In our inspection of complaint records and discussion with the acting manager we confirmed that complaints had been managed appropriately. The home had received written compliments in regard to the care provided.

Areas for improvement

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

Number of Requirements:	0	Number of Recommendations:	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Margaret Crilly	Date Completed	10/03/16
Registered Person	Andy Mayhew on behalf of Irene Sloan	Date Approved	11/03/16
RQIA Inspector Assessing Response	Laura O'Hanlon	Date Approved	11.3.16

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.