

Unannounced Care Inspection Report 2 August 2016



80 Upper Movilla Street

Type of service: Residential Care Home
Address: 80 Upper Movilla Street, Newtownards, BT23 8JP
Tel No: 028 9181 8463
Inspector: Laura O'Hanlon

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of 80 Upper Movilla Street took place on 2 August 2016 from 11.30 to 16.45.

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

Is care safe?

Two requirements were made in this domain. A requirement was made to ensure that competency and capability assessments are completed for any staff member who is given the responsibility of being in charge of the home in the manager's absence. A second requirement was made to cease the practice of propping open fire doors.

A recommendation was made to ensure the coffee table in the sitting room is refurbished.

Is care effective?

No requirements or recommendations were made in relation to this domain.

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

Is care compassionate?

No requirements or recommendations were made in relation to this domain.

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 into account the views of residents.

Is the service well led?

No requirements or recommendations were made in relation to this domain.

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and good working relationships.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSPPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Joanne Black, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent care 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 Mrs I Sloan (Registered Responsible Person)	Registered manager: Joanne Black
Person in charge of the home at the time of inspection: Joanne Black	Date manager registered: Joanne Black - "registration pending".
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 3

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 three residents, two members of the care staff and the acting manager. An assistant director of Praxis was present during the inspection for a short period.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal records
- Staff training schedule/records
- Two residents' care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents'/ representatives' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policy and procedure on adult safeguarding

A total of 10 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21 April 2016

The most recent inspection of the home was an announced care estates inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 25 February 2016

There were no requirements or recommendations made at 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 residents and staff.

On the day of inspection the following staff were on duty:

- 1 x support worker
- 1 x acting manager

Review of completed induction records and 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 confirmed that mandatory training, supervision and appraisal of staff were regularly provided. A review of one staff file confirmed that supervision was provided to staff on a two monthly basis. The acting manager confirmed that appraisals were undertaken annually.

The acting manager reported that competency and capability assessments were not 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. A requirement was made to ensure this was addressed.

Discussion with the acting 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.

The acting manager confirmed that Enhanced AccessNI disclosures were viewed by the manager for all staff prior to the commencement of employment.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion had been established.

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

The acting manager reported there had been no recent safeguarding issues in the home. A review of accident and incidents notifications, review of care records and complaints confirmed this. The acting manager described how any 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 acting manager confirmed 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 assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were in place. Care needs assessments and risk assessments were reviewed and updated on a regular basis or as changes occurred.

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. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated. The coffee table in the sitting room was noted to be cracked, discoloured and required refurbishment. A recommendation was made to address this.

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 risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 21 October 2015. There were no recommendations made at this assessment. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every six months and the most recent was undertaken on 4 June 2016. Records were 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 weekly or monthly and were regularly maintained.

During the inspection the inspector observed that three fire doors downstairs in the home were propped open. A requirement was made to ensure the practice of propping open fire doors is ceased with immediate effect.

Areas for improvement

Three areas for improvement were identified. A requirement was made to ensure that competency and capability assessments are completed for any staff member who is given the responsibility of being in charge of the home in the manager's absence. A second requirement was made to ensure the practice of propping open fire doors is ceased with immediate effect.

A recommendation was made to ensure the coffee table in the sitting room is refurbished.

Number of requirements:	2	Number of recommendations:	1
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4.4 Is care effective?

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

A review of two care records 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 a daily statement of health and well-being of the resident.

The care records also reflected the multi-professional input into the resident's health and social care needs and were found to be 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, care planning and review process, where appropriate. Records were stored safely and securely in line with data protection.

The acting manager confirmed 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, residents’ meetings, staff meetings and staff shift handovers. The acting manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents. Minutes of resident and/or their representative meetings were available for inspection.

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.

Areas for improvement

There were no areas identified for improvement.

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 within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and residents confirmed that residents’ spiritual and cultural needs were met within the home and care plans were in place to support this where appropriate. Discussion with residents and review of care records confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Activity planners were displayed on the notice board and residents shared that they were assisted to attend music functions at the Ulster Hall, whilst others attended sports events. Arrangements were in place for residents to maintain links with their friends, families and wider community. One resident explained that he returns home to his family at weekends.

The acting manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, review of care records and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

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. One of the care records contained a pictorial care plan. In addition to this the safeguarding and fire safety procedures were in pictorial 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. Such systems included daily discussions, weekly residents' meetings, annual care reviews and the monthly monitoring visits. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

The three residents spoken with were all very happy with the care provided in the home. They confirmed that they were all treated with manners and respect. The residents reported that they were offered choices in their daily life, for example activity provision and menu planning. The residents praised the staff working in the home.

Areas for improvement

There were no areas identified for improvement.

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

The acting manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

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 with RQIA.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The acting manager reported that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and a copy of the complaints procedure was displayed in residents' bedrooms. 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. A record of compliments was retained also. One letter of compliment written by a resident commented:

- "I am very happy with all the staff who work in the home. They are really pleasant and good fun."

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 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 to read.

There was an organisational structure in place and all staff were aware of their roles, responsibility and accountability. The acting manager confirmed that the registered provider was kept informed regarding the day to day running of the home through managers meetings and the monthly monitoring reports.

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

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the acting manager and staff confirmed that any adult safeguarding issues were managed appropriately. 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. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

There were no areas identified for improvement.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joanne Black, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. 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 provider 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 DHSPPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 20 (3) Stated: First time To be completed by: 2 September 2016	<p>The registered provider must ensure that competency and capability assessments are completed for any staff member who is given the responsibility of being in charge of the home in the manager's absence.</p> <hr/> <p>Response by registered provider detailing the actions taken: The robust systems in place within Praxis Care for ensuring competency and capability of staff were discussed with the inspector on the day. Manager contacted Assistant Director Carmel Cunningham and Praxis Care Quality and Governance Department regarding this assessment framework, however no organisational template is currently available. Manager spoke further with Inspector Laura O'Hanlon who states she has observed one in place in a Praxis Care scheme and states she will consult further regarding same. Manager waiting on further guidance at this time.</p>
Requirement 2 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: 3 August 2016	<p>The registered provider must ensure that the practice of propping open fire doors is ceased with immediate effect.</p> <hr/> <p>Response by registered provider detailing the actions taken: All door stops removed from the property with immediate effect. Manager informed all residents and staff that doors are not to be propped open, explaining the Health and Safety reasons. Manager is currently in communication with Praxis CARE Health and Safety DEpartment regarding the sourcing of magnetic door opening mechanism to minimise risk to staff and service users accessing dining area from kitchen while negotiating steps and fire door while carrying hot food.</p>
Recommendations	
Recommendation 1 Ref: Standard 27.1 Stated: First time To be completed by: 2 September 2016	<p>The registered provider should ensure the coffee table in the sitting room is refurbished.</p> <hr/> <p>Response by registered provider detailing the actions taken: Staff and Service Users have purchased sand paper and varnish to refurbish the sitting room coffee table. This did not proceed due to scheme need however this will be completed by 11.9.16.</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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