



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment: 80 Upper Movilla Street
RQIA Number: 1637
Date of Inspection: 29 October 2014
Inspector's Name: Priscilla Clayton and Laura O'Hanlon
Inspection ID: IN017841

The Regulation And Quality Improvement Authority
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1.0 General information

Name of Service:	80 Upper Movilla Street
Address:	80 Upper Movilla Street Newtownards BT23 8JP
Telephone number:	028 9181 8463
E mail address:	margaretcilly@praxiscare.org.uk
Registered Organisation/ Registered Provider:	Irene Elizabeth Sloan
Registered Manager:	Margaret Crilly (Acting)
Person in charge of the home at the time of inspection:	Margaret Crilly
Categories of care:	RC-LD RC-LD (E)
Number of registered places:	3
Number of residents accommodated on Day of Inspection:	3
Scale of charges (per week):	As per Trust contract
Date and type of previous inspection:	28 March 2014 Primary announced inspection
Date and time of inspection:	29 October 2014:12.00 - 4.00pm
Names of Inspectors:	Laura O'Hanlon and Priscilla Clayton

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

Standard 9 – Health and Social Care (The health and social care needs of residents are fully addressed).

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

80 Upper Movilla Street is a small two storied residential facility located within the town of Newtownards. It is integrated within the local community and is accessible to local amenities. It provides residential care for adults with a learning disability.

The residential home is owned and operated by Praxis Care group. The current Acting Manager is Margaret Crilly (registration pending).

Accommodation for residents is provided in single rooms in a two storied house. Each resident has their own bedroom which is furnished to their own preferences. Access to the first floor is via stairs.

The communal kitchen, lounge and dining areas are all shared and residents and staff assist in various household chores

The home is registered to provide care for a maximum of 3 persons under the following categories of care:

Residential care

LD	Learning Disability
LD(E)	Learning Disability – over 65 years

7.0 Summary of inspection

This secondary unannounced care inspection of 80 Upper Movilla Street was undertaken by Priscilla Clayton and Laura O'Hanlon on 29 October 2014 between the hours of 12.00pm and 4pm. Margaret Crilly Acting Manager was available during the inspection and for verbal feedback at the conclusion of the inspection. There were two other staff on duty and they spoke with the inspectors. There were no visiting professionals or relatives present in 80 Upper Movilla Street during the course of the inspection.

The requirements and recommendations made at the previous inspection conducted on 28 March 2014 had been addressed.

The focus of this unannounced inspection was on standard nine – **(The health and social care needs of residents are fully addressed).**

The inspectors reviewed the arrangements in place for addressing the health and social care needs of the residents. The home had a policy in place in relation to Promotion of Continence, and Admission and Service Delivery Policy and Procedure. Through the inspector's review of documentation, discussions with residents and staff, confirmation was obtained that no residents are currently experiencing continence issues. Residents care records reflected referrals to primary health care professionals and residents, were central to this process. Staff who met with the inspectors demonstrated knowledge and understanding of individual residents assessed needs and referral pathways to ensure that these needs are met. Care records detailed the primary health care professionals involved and there were systems and processes in place to ensure monitoring and provide feedback on follow up care. Staff members are to be commended for the use of a Health Check Information section which was noted on residents' records which detailed the required information in a clear format.

During the inspection the inspector met with residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. One resident had nominated staff for an award to reflect his appreciation of the care and consistent support provided by staff in the home.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties. Staff reported that they are "proud of" the standard of care provided to residents and the residents choices and wishes are paramount

Comments received from residents, representatives, staff and visiting professionals are included in section 10.0 of the main body of the report.

The evidence gathered within the inspection process concluded that 80 Upper Movilla Street is compliant with the six criteria within this standard. There were processes in place to ensure the effective management of the standard inspected.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. The home was found to be well maintained with recent redecoration having taken place. The residents' bedrooms and communal areas were clean and comfortably furnished with personal effects adding to the warm nature of the home. The inspector noted the pride that the residents and staff take in their surroundings.

A number of additional areas were also examined these included staff training, fire safety, accidents/incidents and complaints. Further details can be found in section 10.0 of the main body of the report.

One requirement and one recommendation were made as a result of the secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspectors would like to thank the residents, registered manager and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 28 March 2014

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Staffing Regulation 20 (3)	<p>'The registered manager shall carry out a competency and a capability assessment with any person who is given the responsibility of being in charge of the home for any period of his absence'.</p> <p>When the current person in charge (Ms Margaret Crilly) is not on the premises another member of staff should be identified and trained up a 'team leader' or 'person in charge'.</p>	<p>Registered manager confirmed that competency and capability assessments have been completed by staff members that are left in charge of the home.</p> <p>Four team leaders are now in post, one of whom is on duty today and is currently completing an induction.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Care Review 11.6	<p>'Following the review the resident's care plan is revised if necessary, and when this happens the resident is provided with a copy of the revised plan in a format and language appropriate to their needs'.</p> <p>A user friendly format for residents should be developed when appropriate for revised plans.</p>	Examination of four care records evidenced that this recommendation had been met.	Compliant
2	Protection of Vulnerable Adults 16.1	<p>'Procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local procedures issued by Health and Social Care Boards and Trusts'.</p> <p>The Praxis policy and procedures including appendix 4, needs updating to take account of new arrangements. It should include the names and contact details of nominated safeguarding staff.</p>	A training matrix has been developed by staff. Fourteen staff has been trained in Protection of Vulnerable Adults on 27 June 2014, 17 July 2014 and 25 August 2014.	Compliant

9.0 Inspection Findings

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings:	
On examination of care records on the day of inspection details were evident of each residents GP, optometrist and dentist. A Health Check Information section was noted on residents' records which detailed all of the above in a clear format.	Compliant
Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	COMPLIANCE LEVEL
Inspection Findings:	
Following discussion with staff on day of inspection staff members were aware of the general health and social care needs of residents. Staff members were able to provide detailed knowledge of each resident health care needs. Care records evidenced comprehensive assessments completed by staff.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings:	
Examination of care records reflected a Service User Monthly Review of Assessment and Plan Report. This report is completed each month with detailed documentation of outcome in relation to any appointments attended by resident. Care records showed evidence of referrals to primary health care services. Care records demonstrated liaison with GP and multi professionals in both daily documentation and diary.	Compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings:	
The resident is provided with feedback at appointments and then consent is given to share information with their representative. Residents were aware of any follow up care required. Letters of correspondence in relation to follow up care is maintained with a correspondence section of residents care records.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings:	
Through the use of the Service User Monthly Review of Assessment and Plan Report staff members were able to monitor and review frequency of appointments and detailed recordings of outcomes were noted on care records. Care records showed evidence of referrals to primary health care services.	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
The home has systems in place for monitoring and review of all health appointments.	Compliant

10.0 Additional Areas Examined

10.1 Resident's consultation

The inspector met with three residents individually. Residents were observed relaxing in the communal lounge area. In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Residents were praising of the consistency of staff as there has been positive relationships developed between staff and residents. No concerns were expressed or indicated.

Comments received included:

- "It's good here."
- "I am now included on interview panel."
- "I'm happy here."

10.2 Relatives/representative consultation

No relatives visited the home on day of inspection.

10.3 Staff consultation

The inspector spoke with two team leaders on day of inspection. One team leader is currently on induction. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents. Staff advised that they have developed systems and processes to ensure robust recording and outcomes. Staff demonstrated a positive and versatile attitude to their work with residents. Staff reported that they receive monthly supervision. Team leader advised that they supervise three support staff.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

- "Residents are treated with dignity and respect."
- "We are proud of the work we have done here."

10.4 Visiting professionals' consultation

No professional visited the home on day of inspection.

10.5 Environment

The inspector viewed the home alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. The home was found to be well maintained with recent redecoration

having taken place. The inspector noted the pride that the residents and staff take in their surroundings.

10.6 Fire Safety

Prior to the inspection a fire safety audit checklist was forwarded to the home for completion by staff.

The fire risk assessment available in the home was dated October 2013. The registered manager confirmed that a recent fire risk assessment was completed on 25 October 2014. Registered manager is awaiting written copy of completed assessment.

A review of the fire safety records evidenced that fire training had been provided to staff on 11 June 2014 and is scheduled again for December 2014. The records showed that a fire drill was carried out on 10 June 2014 and is scheduled again for December 2014. There was no obvious fire safety risks observed.

10.7 Complaints

Prior to the inspection a complaints template was forwarded to manager for completion and return. No complaints had been received during the period of time indicated. A review of the complaints records detailed that one complaint had been received in 2014. Examination of the records evidenced that the complaint had been appropriately managed and investigated. A satisfactory outcome was recorded.

10.7 Accidents/Incidents

The inspector reviewed the accidents and incidents. One incident was noted on 18 October 2014. Staff members are working towards a resolution on this matter.

10.8 Visits by Registered Provider

The inspector reviewed the visits by registered provider over the last four months were recorded as 3 October 2014, 21 August 2014 and 24 July 2014. Records showed that no visit had been undertaken in September 2014 and a requirement is stated in respect of this.

10.9 Staff Training

Examination of records of staff training reflected that a range of mandatory training has taken place. In relation to protection of vulnerable adult training two relief staff have yet to complete this training. A recommendation is made in relation to this.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Margaret Crilly, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to: Laura O'Hanlon

The findings of this inspection were discussed with Margaret Crilly as part of the inspection process.

Laura O'Hanlon
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

80 Upper Movilla Street

29 October 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Margaret Crilly, Acting Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirement	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 29 (3)	<p><u>Monthly monitoring visits</u></p> <p>The registered provider must undertake visits at least once a month and appropriately date and record time of visit.</p> <p>Refer to Section 10.8</p>	One	Monthly monitoring visits will be undertaken with date and time recorded appropriately by the delegated person.	Immediate and ongoing

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendation	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 23.3	<p><u>Mandatory training requirements are met.</u></p> <p>The Registered Person will ensure that all staff receives training in relation to Protection of Vulnerable Adults.</p> <p>Refer to section 10.9</p>	One	All staff receive Protection of Vulnerable Adults training at Praxis Care Induction training and receive refresher training as per Praxis Care Policy and Procedure.	27 February 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Margaret Crilly
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Andy Mayhew on behalf of Irene Sloan

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Laura O'Hanlon	7/1/15
Further information requested from provider			