

**Unannounced Care Inspection
of
Palmerston**

10 March 2016

1. Summary of inspection

An unannounced care inspection took place on 10 March 2016 from 09.30 to 15.00. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. 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 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 | 2 |

The details of the QIP within this report were discussed with the acting manager, Mrs Marsha Tuffin, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

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| Registered Organisation/Registered Person: Abbeyfield and Wesley Housing Association Limited/Geraldine Gilpin | Registered Manager: Marsha Tuffin |
| Person in charge of the home at the time of inspection: Marsha Tuffin | Date manager registered: 1 December 2014, registration pending |
| Categories of care: RC-SI, RC-DE, RC-I, RC-PH(E) | Number of registered places: 38 |
| Number of residents accommodated on day of inspection: 38 | Weekly tariff at time of inspection: £470 plus £51 third party contribution |

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/processes

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

During the inspection we met with four residents, two residents' representatives, one visiting professional, the acting manager, the deputy manager, a care assistant, a member of domestic staff and a volunteer.

We examined the care records of five individual residents, policies and procedures relevant to the standard inspected, resident and relative satisfaction questionnaires, the latest summary report of the survey, the accident and incident register, the complaints and compliments registers and fire safety 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 25 June 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

There were no requirements or recommendations from the previous inspection.

5.3 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 staff actively seek residents' and their representatives' views and incorporate these into practice to ensure that choices, issues of concern or risks are recorded and acted upon.

We inspected care records and identified that the choices and preferences of each resident were clearly detailed. Care plans we inspected were signed by the resident or their representative.

In our discussions with the acting manager she advised that formal residents' meetings were held quarterly and the minutes of the meetings retained. We examined the minutes of residents' meetings and could confirm that the meetings took place; the latest meeting had also provided an opportunity for residents to sample new fish dishes which were to be integrated into the menu.

The acting manager advised us that a separate residents' representatives meeting was held quarterly which gave families the additional support and education with regard to dementia. The acting manager confirmed that residents' representatives could also approach staff directly to discuss any areas of concern.

Is care effective? (Quality of management)

We noted a range of methods and processes where residents' and their representatives' views were sought about the standard of care. Staff maintained a record of actions taken to improve the care experience.

In our discussions with the acting manager we identified that annual satisfaction questionnaires were used to obtain residents' and representatives' views on the quality of care. The satisfaction surveys were also produced in pictorial format to meet the needs of those residents with dementia. The acting manager advised us that an independent volunteer was used to assist residents in order to help communicate their views. This practice was to be commended.

The acting manager confirmed that the information obtained from residents and their representatives was used to inform changes which would improve services in the home. The information was collated and presented within separate reports and shared with staff members. We examined the summary reports from the 2015 surveys and noted that feedback from residents and their representatives indicated a high degree of satisfaction with the services provided. Residents and their representatives were advised that a copy of the report was available in the home. The summary report of the residents' representatives' survey was also sent to relatives by post.

We inspected the reports prepared by staff in advance of annual care reviews and noted that these contained details regarding the views and preferences of the residents regarding the quality of services and facilities provided in the home. We inspected the minutes of annual care reviews and confirmed that the views of residents and representatives were sought and recorded with any actions arising specified.

We inspected monthly monitoring visit reports which confirmed that residents' views on the services provided were sought and acted upon. We noted that the reports indicated that individual residents were approached to gather their views on the quality of services and facilities provided by the home, however, there is no record of which residents provided comments. We made a recommendation that the monthly monitoring visit reports were amended to specify (using the unique identifier) the residents approached to gather views on the quality of services and facilities provided by the home.

In our discussions with the acting manager we confirmed that the management of complaints was included during staff induction. We noted that the home had policies on complaints and service user involvement and on consent. We noted that the policy on consent did not fully address all areas. We made a recommendation that this policy was reviewed.

We inspected the complaints register and were satisfied that complaints were recorded and managed appropriately. The registered manager advised us that compliments are usually provided verbally and are not always recorded. We inspected the compliments register and noted a number of cards expressing gratitude for the high quality of care provided within the home.

Is care compassionate? (Quality of care)

In our discussions with staff and with residents we identified that residents were listened and responded to by staff. Staff members were knowledgeable about the needs, preferences and abilities of the residents.

We noted that the home had a dog, Timmy. We were advised that the decision to have a dog in the home was taken with the full consent of residents and their families. Two residents were involved in choosing the dog from a rescue centre. These residents were actively involved in the daily care and exercise of the dog. One resident's representative and the visiting professional both confirmed to us that the residents had benefitted from the presence of the dog in terms of physical health and wellbeing. The acting manager confirmed that all identified risks associated with the presence of the dog were fully assessed and that a plan of care was in place in relation to the dog and his needs and the needs of the residents.

Areas for improvement

Two areas of improvement were identified within the standard inspected. These related to amending areas within the monthly monitoring visit report to provide more accurate information and to the further development of a policy in regard to consent. This standard was met.

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| Number of requirements: | 0 | Number of recommendations: | 2 |
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5.4 Additional areas examined

5.4.1 Residents' views

We met with four residents individually and with others in groups. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "They (staff) look after me well."
- "I am here with my (spouse) who has dementia. Although our rooms are apart, I know that my spouse gets very good care. The staff are very good to both of us, they are very attentive and kind."
- "Staff are very kind and helpful to me. I love it here."
- "This is a good place. They are very attentive and I'm very happy here. I have absolutely no complaints."

5.4.2 Residents' visitors/representatives' views

We met with two residents' representatives who expressed positive views on the quality of the care provided to residents.

Some comments included:

- "This place is one hundred percent. The staff are wonderful, so kind and helpful. I wouldn't have (my relative) anywhere else. Anything we ask for gets done immediately."
- "I am very happy with the care here. The staff are very courteous and provide assistance to (my spouse) very quickly, no matter whatever else is going on in the home. I have absolutely no complaints. It think it was an inspired idea to get a dog for the home. All the residents love him. My (spouse) and I, along with two other residents, have spent many a happy hour outside in the garden with Timmy. Having Timmy around really has made such a difference to the experience of the residents."

5.4.3 Staff views

We met with three staff members and one volunteer 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.

Some comments included:

- "This is a good place to work. I think the residents are very well cared for."
- "The staff team is provided with lots of training to help us do our jobs better. There have also been increases in staffing levels and this has made direct improvements in resident care, making it safer and more stimulating for the residents. We get good support from management through staff supervision and feedback about how we, as staff members, are performing. I find that management is glad to take on all suggestions about anything that would improve the service."
- "This is a great place. I come here several times a week to do voluntary work, at all different times, and I can honestly say that the staff are magnificent with the residents. They are so good to the residents, in spite of having such a difficult job to do. My family knows that if I need to go into a care home, they should get me a bed here!"

5.4.4 Visiting professional's views

We met with one visiting professional who expressed positive views on the quality of the care provided within Palmerston.

Some comments included:

- "I have been coming into this home for a number of years and I have seen great improvements introduced by the new manager. I would say the care is now nine out of ten. The staff are familiar with the needs of each resident, there is much better communication between staff members and between staff and community services. The staff now act on the recommendations of community nursing staff, particularly in regard to diabetic and wound care. I believe Palmerston has definitely changed for the better."

5.4.5 Staffing

At the time of inspection the following staff members were on duty:

- 1 x manager
- 1 x deputy manager
- 2 x senior care assistants
- 7 x care assistants
- 1 x activities co-ordinator
- 1 x administrator
- 1 x chef
- 1 x kitchen assistant
- 3 x domestic staff
- 1 x laundry assistant
- 1 x volunteer

One senior care assistant and four care assistants were scheduled to be on evening and overnight duty. The acting manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

5.4.6 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.

5.4.7 Accidents/incidents

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

5.4.8 Environment

We found the home to be clean and tidy. Décor and furnishings were of a high standard. The acting manager advised us that a programme of internal redecoration was under way. We noted that a bathroom had been refurbished to provide a spa area where residents could enjoy a multi-sensory bathing experience. We noted also that the internal environment had been enhanced by using themed areas of interest.

The acting manager advised us that plans were also in place to develop an existing garden area to further meet the needs of the residents.

5.4.9 Fire safety

The home had a Fire Safety Risk Assessment dated 28 October 2015. The acting manager confirmed that all recommendations arising from this assessment were appropriately actioned. The acting manager advised that the fire alarm system was tested weekly and emergency lighting tested monthly; fire extinguishers were serviced annually and subjected to visual checks by staff in the interim.

The acting manager also advised that evening staff routinely completed a check of the building to ensure that it was secure and that any fire risks were minimised. All residents had an up to date Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

No areas for improvement were identified within the additional areas examined.

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| Number of requirements: | 0 | Number of recommendations: | 0 |
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6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the acting manager, Mrs Marsha Tuffin, 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.

6.4 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 (Northern Ireland) 2005.

6.5 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.6 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and 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. 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 home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

| Quality Improvement Plan | | | |
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| Recommendations | | | |
| Recommendation 1 Ref: Standard 20.11 Stated: First time To be completed by: 31 March 2016 | The acting manager should ensure that the monthly monitoring visit reports are amended to specify (using the unique identifier) the residents approached to gather views on the quality of services and facilities provided by the home. | | |
| | Response by Registered Person(s) detailing the actions taken: The unique identifier is now being used in the monitoring report to indicate which residents were approached to gather their views. | | |
| Recommendation 2 Ref: Standard 21.1 Stated: First time To be completed by: 29 July 2016 | The acting manager should ensure that the home's policy on consent is reviewed. | | |
| | Response by Registered Person(s) detailing the actions taken: The policy on consent is currently being reviewed and will be discussed by the management board at the meeting to be held in early July. | | |
| Registered Manager completing QIP | Marsha Tuffin | Date completed | 15.4.16 |
| Registered Person approving QIP | Geraldine Gilpin | Date approved | 15.4.16 |
| RQIA Inspector assessing response | Alice McTavish | Date approved | 19.4.16 |

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address