



Unannounced Care Inspection Report 10 October 2019



Palmerston

Type of Service: Residential Care Home

Address: 9-17 Palmerston Road, Belfast, BT4 1QA

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides accommodation and care for 39 residents in the categories of care cited on the home's registration certificate and as detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Abbeyfield and Wesley Housing Association Limited Responsible Individual: Geraldine Gilpin	Acting Manager: Paul Johnston Registration pending
Person in charge at the time of inspection: Paul Johnston - manager	Number of registered places: 39 comprising: 11 residents – RC - I 26 residents – RC - DE 02 residents – RC - SI
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia SI – Sensory impairment.	Total number of residents in the residential care home on the day of this inspection: 37

4.0 Inspection summary

This inspection was undertaken by the care inspector on 10 October 2019 from 7.50 until 15.00 hours. A supporting finance inspection was also undertaken on 14 October 2019 from 10:45 hours to 15.25 hours. The inspection assessed progress with an area for improvement identified in the home at the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives and taking account of the views of residents. There was also evidence of quality improvement, effective communications and good team working relationships.

During the inspection areas were identified for improvement which included; NISCC monitoring, timely safeguarding notification, staff training in deprivation of liberty, inclusion of identified dental care needs within care plans, menu rotation and development of action plans to address trends / patterns/ shortfalls identified from analysis of audits and surveys conducted.

Residents who were able described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents, people who visit them and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	9

Details of the inspection Quality Improvement Plan (QIP) were discussed with Paul Johnston, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 15 May 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 15 May 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspections we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rota
- staff training schedule and training records
- three residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records (July, August and September 2019)
- reports of visits by the registered provider/monthly monitoring reports August and September 2019
- RQIA registration certificate
- Indemnity insurance

- Residents' income and expenditure records
- Residents' records of personal valuables and property in their rooms
- Residents' comfort/fundraising fund records
- The safe contents register

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspections were provided to the person in charge at the conclusion of both inspections.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 15 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 7.4 Stated: First time	The registered person shall ensure completed written consent forms are maintained within all individual care records.	Met
	Action taken as confirmed during the inspection: Review of three care records evidence that this improvement had been addressed.	

6.2 Inspection findings

On arrival at the home we were welcomed by Alice Bush, deputy manager, who was in charge of the home until the newly appointed manager, Paul Johnston, who is completing an induction programme came on duty at 9:00.

The manager, who is undertaking an induction programme, was supported during the inspection by the chief executive of the organisation who was in attendance for part of the inspection and the deputy manager of the home.

The home was observed to be quiet, warm and friendly with staff busy seeing to residents, answering residents' calls for assistance via the intercom and assisting them with personal care and dressing in preparation for breakfast.

Many of the residents were up and dressed with their personal care needs attended. Some residents sat within the lounge while others choose to sit in the main hallway watching the

comings and goings. Medicines were being administered by two staff; one in each of the two units. Residents were served breakfast in the dining room where tables were nicely set. The cook and kitchen assistant prepared breakfasts for residents which were served by staff who assisted and supervised residents in a respectful manner.

The deputy manager explained the staffing levels; the number and grades of staff on duty and that these were subject to regular review to ensure the needs of residents were being met. Staffing levels were determined in accordance with the number and dependency levels of residents' accommodated, general layout of the home, the statement of purpose and fire safety arrangements. Records of staff on duty each day were recorded within the staff duty roster which included shifts and time worked. Time was allocated for staff handover reports at commencement of each shift to provide opportunity for discussion and any changes to residents' care plans.

The selection and recruitment of staff and induction was discussed. We were advised that this was undertaken in accordance with legislative requirements and policy / procedures of the organisation.

Monitoring of the Northern Ireland Social Care Council (NISCC) registrations of staff was discussed. Currently registration certificates are held within individual care staff files. The manager readily agreed to develop a robust system to ensure close monitoring of registrations and annual submission of fees. One area for improvement was made in this regard.

Discussion with staff and review of records confirmed that mandatory training, supervision and annual appraisal were provided. Refresher training in first aid was being sourced by the manager. Additional staff training provided this year included, for example, dementia / best practice, oral hygiene, and blood glucose monitoring.

Notification of two adult safeguarding matters had been submitted to RQIA. The manager explained that both were referred to the adult safeguarding team. One referral was not notified until the morning following the incident. Delay in reporting was identified as an area for improvement. The manager explained the immediate action taken and that measures were in place to minimise recurrence. The adult safeguarding champion report for 2018/19 was not reviewed. This will be undertaken at the next care inspection.

Care staff demonstrated awareness of adult safeguarding and the procedure to follow in accordance with their roles and responsibilities. Staff training in this area was provided during February 2018.

The management of falls, accidents and incidents was discussed with the manager and records reviewed. There was evidenced of compliance with submission of notifications to RQIA. A modified model of the falls tool kit was used by staff to provide oversight and guidance on the management of falls. Care records reviewed contained fall risk assessments alongside measures in place to minimise recurrence, these were reflected within person centred care plans. Monthly monitoring of accidents / incidents was undertaken and recorded to enable the identification of trends and patterns in which action can be taken to minimise recurrence.

Restrictive practices in place were discussed with the manager who explained these included for example, locked doors, fob entry systems, management of smoking materials, all which

had been agreed with the commissioning trust and relatives. The manager advised that he had undertaken training in The Mental Health Capacity Act (Northern Ireland) 2016 – Deprivation of Liberty Safeguards and was aware of implementation to commence on 2 December 2019. Staff training for all employed staff will be necessary before this date an area for improvement was identified.

Inspection of the home was undertaken. All areas were observed to be clean, tidy and organised. There was excellent evidence of good internal and external environmental dementia design and resources to support residents living with dementia. There was a wide range of pictorial signage to support residents' freedom, choice and confidence of independent movement around the home. Secure memory boxes, containing personal identifiable memorabilia were installed outside each different coloured bedroom door as a means of finding and stimulating conversation and making the environment a more interesting and stimulating place. There were many other items of memory stimulation installed throughout the home. Management and staff are to be commended in this regard.

Good standards of infection prevention and control were in place. Staff advised there were no outbreaks of infection since the previous care inspection. There was evidence of a plentiful supply of resources; disposable aprons, gloves, liquids soaps and disposable paper hand towels. Seven step hand washing notices were displayed in pictorial and written format. Good standards of hand hygiene by staff were observed.

All fire doors were closed and fire exits unobstructed. Fire safety training was provided during October 2019. A Fire risk assessment was carried out on 25 April 2019. Recommendations for improvement had been actioned, dated and signed.

Residents who were able to articulate their views made the following comments:

"This is a good home, no complaints from me"

"Everything is just fine, we want for nothing"

"Plenty of staff to see to us"

One visiting relative said she was "very impressed with the home and that the care couldn't be any better"

Staff advised that the needs of residents were being met and that safe care was being provided.

No issues or concerns were raised or indicated by residents, staff or one visitor.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, supervision and appraisal, infection prevention and control, risk management and the home's environment.

Areas for improvement

Three areas were identified for improvement; monitoring of NISCC registrations, timely notification to safeguarding gateway team and staff training in Mental Health Capacity Act – Deprivation of Liberty in preparation for implementation on 2 December 2019.

	Regulations	Standards
Total numb of areas for improvement	0	3

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The manager explained that prior to admission to the home potential residents are invited to the home's lunch club so that they and their relative have the opportunity to view the home and meet staff. This arrangement also provided staff with the opportunity to undertake pre admission assessment to ensure placement was within the residential category of care and that the resident's needs could be safely met. This practice is to be commended.

A review of three care records confirmed these contained relevant details in respect of each resident's care including, needs assessments which were complemented with risk assessments for example, falls, pressure sore and nutrition. Person centred care plans, care reviews and daily progress notes were in place. Needs assessments and care plans reflected residents' choices, preferences, likes and dislikes. The inclusion of dental care within care plans, where applicable, was identified as an area for improvement. Care records were stored safely and securely.

There were systems in place to ensure that risks to residents were assessed regularly and managed appropriately and this included inputs by trust professionals, residents and where appropriate relatives / representatives.

The manager explained the systems in place for monitoring the frequency of residents' health screening; dental, optometry, podiatry and other health and social care appointments and referrals made, if necessary, to the appropriate service.

When required the district nurse visits the home to provided nursing care, for example wound management, diabetic intervention and other nursing care as required. Care plans are provided by the nurse so that staff are fully informed of the care to be provided in the district nurse's absence.

The manager confirmed that the anti-flu vaccination programme had commenced for consenting residents.

Staff advised that they felt the care provided was effective as they were provided with resources such as a sound induction programme, ongoing mandatory and other specific training in meeting the actual and potential needs of residents accommodated. Staff also advised that they received supervision, appraisal, ongoing staff meetings and staff hand- over reports to provide necessary updates on each resident's care. Staff advised that they would report any changes or difficulties in regard to the provision of care to the senior care staff or the manager.

During the inspection we spoke with staff, many residents and one visiting relative who gave positive feedback in regard to the care provided. No issues or concerns were raised or indicated.

The views of residents / family members were sought during annual care reviews and where necessary action taken to address issues raised. Resident meetings were also held so that residents can share their views about life within the home and any improvements which they would like.

Comments about the effectiveness of care from residents, staff and one relative included:
 “We speak frequently with residents throughout the day to ensure they are happy with the care and any issues which they raise we would deal with” (staff)
 “The care here is excellent, attentive and caring” (relative)
 “We get good care, I would soon speak up if not” (resident)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, care reviews, good communication between residents and staff and positive feedback from residents, staff and one relative.

Areas for improvement

One area identified for improvement in relation to the inclusion of dental care as an identified need, where applicable, within care plans.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

On the day of inspection, the atmosphere throughout the home was calm, encouraging and good humoured. Residents, with a wide variety of diverse needs, who were able to comprehend, gave positive feedback on the caring support and encouragement that staff provided to them.

The spacious premises allowed for several different sized groups of residents within the each of the two units to be engaged in activities without disturbance. Observation of activities provided during the inspection provided evidence of residents relating positively to staff and to each other. In all activities and interactions observed, residents were engaged by staff with respect and encouragement.

Activities programmes were worked out with residents and there was on-going changes being introduced in order to maintain peoples’ interest and involvement.

There was no evidence of residents wandering aimlessly around the home.

Staff were observed interacting with residents directly and via the home’s intercom in a professional respectful manner throughout the inspection.

Staff demonstrated awareness of the importance of ensuring residents rights and their core values were upheld. Examples of good practice observed during the inspection included; staff knocking on a resident's bedroom door before entering, seeking consent to carry out care, the closing of wash room doors when occupied by a resident and providing choice of drinks / meals and asking residents where they wished to sit in the lounge and dining room. All of the observed interactions indicated that staff were very aware of ensuring residents' rights were upheld.

Residents' meals are provided at conventional times, hot and cold drinks and snacks were served mid- morning and afternoon and fresh drinking water was readily available to residents.

Dinner was respectfully served to residents by staff within the dining room where tables were nicely set with a range of condiments and central flower arrangement for this important social occasion. Meals served were nicely presented with adequate amounts of food served. Special diets were provided and staff supervised and assisted residents as necessary in an unhurried respectful manner. Choice of meal was reflected within menus viewed. The daily menu was displayed so that residents are kept fully informed. Residents requiring assistance with their choice were shown the meals available so that they could indicate their preference.

Residents said that the meals were always very good and that they could change their choice if they wanted and another meal would be provided. Audits conducted on residents views of meals indicated satisfaction.

Meals are provided for special occasions. The current two weekly rotational menus in use were discussed with the deputy manager who explained that four weekly menus used to be provided but these were under seasonal review with residents and new menus were a work in progress. The reintroduction of minimum of the seasonal three weekly menus was identified as an area for improvement so that residents have a wider variety of meals from which to choose.

The home received the maximum grade 5 from environmental health in their food hygiene assessment. The cook and kitchen staff are to be commended in this regard.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of resident.

Areas for improvement

One area identified for improvement related to the reintroduction of a minimum of three weekly rotating menus.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

Effective leadership, management and governance which create a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Paul Johnston had recently been appointed as the new manager of the home. Application for registration as manager has been submitted to RQIA. The manager has settled in very well to his new post and is currently undertaking an induction programme including review of the systems and processes in place for effective governance.

The manager is supported at operational level by a deputy manager and mixed skill team of care assistants and ancillary staff. At management level he is supported by the chief executive, governance, and human resource and maintenance teams of staff which are based at head office of the organisation.

The home's current RQIA registration and Liability Insurance certificates were displayed within the hallway of the home.

Staff photographs with job titles were displayed in the hallway to inform residents and visitors when they came to the home.

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

The processes currently in place to continuously seek to improve the quality of the service within the home was discussed. Methodologies included, for example; ongoing audits of accidents / incidents, complaints, medications, fire safety, care records, infection, prevention and control and food temperatures / storage. Other methods included; resident / relative satisfaction questionnaires, commissioning trust resident care reviews and monthly monitoring visits undertaken by the chief executive on the quality of the service provided. Action plans to address identified trends / patterns / shortfalls were not always included in the outcome of audit records retained. This was identified as an area for improvement. The manager advised he intended to review the governance arrangements currently in place.

Staff commented that the management was supportive and that they welcomed supervision as part of their individual accountability and development. In their formal supervision structure, care assistants are supervised by senior care assistants / deputy manager. Senior staff are supervised by the manager. Staff also confirmed that there was always a good level of management availability and support to report any matters arising.

Monthly monitoring visits were being carried out by the chief executive with a report produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read.

There were examples of good practice found throughout the care inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

A finance inspection of the home was carried out on 14th October 2019. A sample of records were reviewed including those in relation to residents' income and expenditure, records of

valuables held within the safe place and records of personal property maintained by the home. A sample of comfort fund records was also reviewed. This inspection established that overall, the controls in place to safeguard residents' monies and valuables were found to be in place and operating effectively. However three areas for improvement were identified as part of the inspection. These related to: quarterly reconciliations of residents' monies and valuables; recording two signatures against each income and expenditure record and ensuring that deposit receipt books are maintained in line with best practice.

Areas for improvement

One area identified for improvement related to the development of robust action plans to address identified trends / patterns / shortfalls from the outcome analysis of audits / surveys conducted. Three additional areas for improvement were identified as part of the finance inspection. These related to: quarterly reconciliations of residents' monies and valuables; recording two signatures against each income and expenditure record and ensuring that deposit receipt books are maintained in line with best practice: i.e. sequentially numbered and maintained in a manner which would not lead to them disintegrating because of the weight of other papers stapled to them.

	Regulations	Standards
Total number of areas for improvement	0	4

7.0 Quality improvement plan

Areas for improvement identified during both inspections are detailed in the QIP. Details of the QIP were discussed with Paul Johnston, manager, as part of the inspection process. The timescales commence from the date of inspections.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 20.3</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2019 and ongoing</p>	<p>The registered person shall ensure that a robust system is developed for the monitoring of staff NISCC registrations including annual fee submissions.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The current system for recording staff NISCC registrations will be expanded to include details of annual fee submissions.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 16.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that adult safeguarding incidents are referred to the safeguarding gateway team in a timely manner.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Staff have been advised that, even when there is no immediate danger to residents, safeguarding incidents which occur "out of hours" should be reported immediately and the report not delayed until the following morning.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2019.</p>	<p>The registered person shall ensure that all employed staff in the home are provided with training in The Mental Health Capacity Act (Northern Ireland) 2016 – Deprivation of Liberty Safeguards (DoLS) in preparation for implementation on 2 December 2019.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: As discussed during the inspection, consideration was already being given to provision of suitable training. Training has now been sourced and will be undertaken prior to the implementation of DoLS in December.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2019</p>	<p>The registered person shall ensure that where applicable care plans reflect dental care needs.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff have been advised to provide more detailed instruction re dental care.</p>

Area for improvement 5 Ref: Standard 12.13 Stated: First time To be completed by: 30 November 2019	The registered person shall ensure that a minimum of three weekly seasonal rotational menus are reintroduced. Ref: 6.5 Response by registered person detailing the actions taken: The menus have been reviewed and have reverted to a three/four weekly rotation.
Area for improvement 6 Ref: Standard 20.10 Stated: First time To be completed by: 31 January 2019	The registered person shall ensure development of action plans to address trends / patterns or shortfall identified from the analysis of audits conducted Ref: 6.6 Response by registered person detailing the actions taken: Action plans are being developed.
Area for improvement 7 Ref: Standard 15.12 Stated: First time To be completed by: 31 October 2019	The registered person shall ensure that a quarterly reconciliation of residents' monies is carried out and signed and dated by two people. Ref: 6.6 Response by registered person detailing the actions taken: The residents' monies have been reconciled weekly, although sometimes only signed by one person. Staff have been instructed to ensure these reconciliations are signed by a second person.
Area for improvement 8 Ref: Standard 15.7 Stated: First time To be completed by: 15 October 2019	The registered person shall ensure that two signatures are recorded against every record of residents' income and expenditure. Ref: 6.6 Response by registered person detailing the actions taken: During the month before the new homemanager took up their post, there was, on occasion, only one signature for some transactions. Staff have been instructed to ensure there are two signatures.
Area for improvement 9 Ref: Standard 15.6 Stated: First time To be completed by: 15 October 2019	The registered person shall ensure that the pages of the deposit receipt book used to record any monies left with the home on behalf of residents is sequentially numbered and that the book is maintained in a manner which does not compromise the integrity of the book because of the weight of other documents attached to each page. Ref: 6.6 Response by registered person detailing the actions taken: The home has reverted to using a sequentially numbered and more sturdy receipt book.

****Please ensure this document is completed in full and returned via Web Portal****



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