



Secondary Unannounced Care Inspection

Name of Service and ID: Palmerston, 1643

Date of Inspection: 23 July 2014

Inspector's Name: Lorna Conn

Inspection ID: 17794

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Service:	Palmerston
Address:	9-17 Palmerston Road Belfast BT4 1QA
Telephone number:	(028) 9065 6166
E mail address:	palmerston@abbeyfieldandwesley.org.uk
Registered Organisation/ Registered Provider:	Abbeyfield and Wesley Housing Association Mrs Geraldine Gilpin
Registered Manager:	Ms Linda Hendry(Acting)
Person in charge of the home at the time of inspection:	Ms Linda Hendry(Acting)
Categories of care:	RC-I, RC-PH(E), RC-SI, RC-DE
Number of registered places:	38
Number of residents accommodated on Day of Inspection:	38
Scale of charges (per week):	£495.00
Date and type of previous inspection:	5, 6 & 24 March 2014, Primary announced inspection
Date and time of inspection:	22 July 2014
Name of Inspector:	Lorna Conn

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 was 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 provider
- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff and visitors
- 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 DHSSPS Residential Care Homes Minimum Standards.

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

Palmerston Voluntary Residential Home is registered for thirty eight persons and is located off the Holywood Road in East Belfast. It is in convenient proximity to shops, churches and leisure facilities. The home has been managed by the Abbeyfield and Wesley Organisation since 1 April 2013 when Wesley Housing Association and Abbeyfield Society merged. The current acting registered manager is Ms Linda Hendry.

Accommodation is provided in single rooms with ensembles for eighteen persons in the residential part of the home and twenty persons diagnosed with dementia, in another wing of which there are two annexes. The wing specifically designed for persons with dementia is referred to as the Lewis Suite. The residential part of the building is based across two floors with the first floor accessible via a passenger lift and stairs while the Lewis wing is single storey.

Communal lounge and dining areas are provided in each part of the home with the Lewis Wing having separated dining and sitting areas in each annex.

The home also provides for catering and laundry services on the ground floor and a number of communal sanitary facilities are available throughout the home. A recent addition is a wall mural located within the secure garden which residents' were involved in painting.

The home is registered to provide care for a maximum of 38 persons under the following categories of care: RC-I (Old age not falling into any other category); RC-PH (E) (Physical disability other than sensory impairment - over 65 years); RC-SI (Sensory impairment) and RC-DE (Dementia).

7.0 Summary of inspection

This secondary unannounced care inspection of Palmerston was undertaken by Lorna Conn on 23 July 2014 between the hours of 1:20pm and 5:25pm. Ms Linda Hendry was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. There was evidence that the home had addressed many of the areas as required within the timescales specified. Two recommendations have been stated for the second occasion regarding residents or their representatives signing the care plans and retention of reports prepared by the home for reviews. One recommendation regarding the provision of annual safeguarding training could not be assessed due to the timing of previous training and will be examined at the next inspection. The detail of the actions taken by the acting registered manager can be viewed in the section following this summary.

During the inspection the inspector met with residents, staff and relatives, 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. Resident representatives indicated their satisfaction with the provision of care afforded to

their relatives and complemented staff in this regard. Two issues raised with the inspector were highlighted to the acting registered manager for further consideration. The pharmacy inspector was also informed of the one issue relating to medication raised.

Staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 9.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard and it was noted that the improvements had been made in terms of better signage, addition of memory boxes, contrasting toilet seats and the painting of the external garden wall with a colourful mural.

No new requirements or recommendations were made as a result of this unannounced inspection.

The inspector would like to thank the residents, relatives, acting registered manager, registered provider 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.

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	3 & 6	The registered person must ensure that the statement of purpose is updated regarding the registered person details.	The statement of purpose dated 14 April 2014 was examined. This had been reviewed and updated as required.	Compliant
2.	12 (1) (a) & (b) 13 (1) (a) & (b) and 13 (4)	The responsible person must ensure that at least one person on each night shift is trained and competent to administer medicines.	Records reviewed indicated that all current night staff have been trained and deemed competent to administer medicines.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	9.1	The registered person is recommended to ensure that details of each resident's dentist are recorded.	Records were reviewed and were found to detailed this.	Compliant
2.	11.3	The registered person is recommended to ensure that copies of the written report prepared by staff in consultation with the resident and provided for the review meeting are retained.	The inspector was informed that all review reports completed in preparation had been given over to care managers and no copies had been retained. This has been stated on a second occasion.	Not Compliant
3.	11.6	The registered person is recommended ensure that care plans are signed by the registered manager and the resident or their representative.	Three care plans were examined at random and all were found to contain updated care plans and risk assessments. One had been signed by the residents' representative. This has been stated on a second occasion.	Moving towards Compliance
4.	16.1	The registered person is recommended to include reference to staff referral to NISCC, NMC and the Disclosure and Barring Service within the safeguarding policy, to include RQIA contact details and consider the process for addressing anonymous disclosures within the whistleblowing policy.	The safeguarding policy and the whistleblowing policy both dated 14 April 2014 were reviewed and had been updated as recommended.	Compliant

5.	16.9	The registered person is recommended to provide update training in adult safeguarding on an annual basis in keeping with good practice.	The training schedule was examined and has been organised to provide annual updates in safeguarding. However, no training has been provided as not staff were due updates. This area will be reviewed at the next inspection.	Not assessed
6.	19.6	The registered person is recommended to review how residents, or where appropriate their representatives, could be involved in the recruitment process and maintain records thereof.	This was discussed at the family and friends meeting on 10 June 2014 and was documented in the associated minutes. This was also discussed with residents' on 11 June 2014 who indicated the attributes that they would wish for in staff. Records were available to evidence this. This was good to note.	Compliant
7.	17.6 & 17.7	The registered person is recommended to review the complaints procedure regarding the address of the Belfast Trust complaints department and to include information regarding independent advocacy.	The complaints procedure dated June 2014 was examined and was found to include the correct address of the Belfast Trust complaints department and information regarding independent advocacy.	Compliant

9.0 ADDITIONAL AREAS EXAMINED

9.1 Residents' consultation

The inspector met with six residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. Later residents' were noted to be sitting outside enjoying drinks and ice cream or at their evening meal. 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. No concerns were expressed or indicated.

Comments received included:

'It's working out well here'.

'I'm happy here. I love the new wall (mural) I enjoyed watching it being painted'.

'I'm very well and it's a good place here. The staff are all very nice'.

'The food is very good and there's plenty of it. The staff are all very good.

'I'd definitely recommend this place'.

9.2 Relatives/representative consultation

Three relatives who met with the inspector indicated satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. Two issues which were raised with the inspector were discussed with the acting registered manager who undertook to investigate and advise the relative of the outcome.

Comments received included:

'It's absolutely fantastic. There's not a thing wrong. There's always plenty going on to keep their minds active- they were at the cinema yesterday seeing Whisky Galore and my relative is going to classes to learn Irish. The place is immaculate and I hear people being offered different choices of meals. The staff are first class and we have meetings with staff who let us know what's happening'.

'By and large the overall care is very good and I've no complaints about the food or the accommodation. The staff are kind and I've never heard them otherwise. It's one of the best homes I have been in'.

9.3 Staff consultation

The inspector spoke with four staff of different grades. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

Comments received included:

'This place is fabulous. I love the way they are cared of and the attention to detail they are given in their personal care. The staff are lovely and residents are treated like family members. The food is brilliant and they persevere with encouraging appetites and with eating. This place is super'.

'The care is brilliant and the place is fantastic. Residents are much better looked after and the whole place is relaxed and homely. The care levels have really improved and staff feel supported. The manager is always there to support us'.

'It's well organised. I can't say anything bad. If there's even a small issue - it's sorted out. The manager is great. I would put my own mum in here'.

9.4 Visiting professionals' consultation

There were no visiting professionals present in the home during the inspection.

9.5 Environment

The inspector viewed the home accompanied by the acting registered manager and 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. Décor and furnishings were found to be of a good standard and it was noted that the improvements had been made in terms of better signage, addition of memory boxes, contrasting toilet seats and the painting of the external garden wall with a colourful mural. This was good to note.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Linda Hendry, 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:

Lorna Conn
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Palmerston

23 July 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 Linda Hendry during 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.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), 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	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	11.3	The registered person is recommended to ensure that copies of the written report prepared by staff in consultation with the resident and provided for the review meeting are retained.	Two	The written report prepared by staff, in consultation with the resident, in preparation for the review meeting is provided to the Care Manager. A copy is now also being retained in the home.	With immediate effect from the date of the inspections.
2.	11.6	The registered person is recommended to ensure that care plans are signed by the registered manager and the resident or their representative.	Two	Where possible, care plans are signed by the resident or their representative. In situations where representatives of residents are not available a copy will be forwarded to them for signature and return.	With immediate effect from the date of the inspections.
3.	16.9	The registered person is recommended to provide update training in adult safeguarding on an annual basis in keeping with good practice.	One	Update training in adult safeguarding is programmed into the training programme on an annual basis.	By 22 November 2014.

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 and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Linda Hendry (Acting)
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Geraldine Gilpin

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	y	Ruth Greer	12 8 14
Further information requested from provider			