



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

| | |
|-------------------------------|----------------------|
| Name of Establishment: | Redlands |
| Establishment ID No: | 1645 |
| Date of Inspection: | 16 April 2014 |
| Inspector's Name: | Lorna Conn |
| Inspection No: | 16803 |

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

GENERAL INFORMATION

| | |
|--|--|
| Name of Home: | Redlands |
| Address: | 20 Adelaide Park Belfast BT9 6FX |
| Telephone Number: | 028 90661526 |
| E mail Address: | redlands20@hotmail.co.uk |
| Registered Organisation/ Registered Provider: | Whiteabbey Proprietors Ltd Mr Mark John Uprichard |
| Registered Manager: | Ms Irene Caroline Best |
| Person in Charge of the home at the time of Inspection: | Ms Irene Caroline Best |
| Categories of Care: | RC-I, RC-DE |
| Number of Registered Places: | 17 |
| Number of Residents Accommodated on Day of Inspection: | 15 |
| Scale of Charges (per week): | £515.00 - £550.00 |
| Date and type of previous inspection: | 9 October 2013, Primary announced care inspection |
| Date and time of inspection: | 16 April 2014, 11:15 am - 4:00 pm |
| Name of Inspector: | Lorna Conn |

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 a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether 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.

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.

METHODS/PROCESS

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

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 Standards.

The table below sets out the definitions that RQIA has used to categorise the service'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. |

PROFILE OF SERVICE

Redlands Private Residential Home is a detached, three storey building situated between the Malone Road and Lisburn Road in a quiet residential area of South Belfast. The home is situated within the Belfast Health and Social Care Trust geographical area.

The home is registered to accommodate seventeen persons in single rooms, some of which have an en-suite. Two living rooms, kitchen, dining room and a number of bedrooms are located on the ground floor. The staff office is located on the 1st floor with the remaining bedrooms. The third floor is not used for residents.

The location of the home ensures easy access to public transport, medical, leisure, community and church facilities. There is some car parking available at the front of the home.

SUMMARY

This is a summary of a secondary unannounced care inspection of Redlands Residential Care Home. The inspection was undertaken on 16 April 2014 11:15 am - 4:00 pm by Lorna Conn, inspector and reflects the position in the home at the time of the inspection. Verbal feedback was given to Ms Irene Best, the registered manager at the end of the inspection.

On arrival the inspector was welcomed by Ms Irene Best, the registered manager. The inspector viewed parts of the home accompanied by the registered manager and also alone during the inspection. The home was found to be clean, tidy and suitably decorated. Residents' bedrooms were observed to be homely and personalised.

Thereafter, the inspector focussed on examining the previous quality improvement plan and found all requirements and five of the recommendations were compliant. One recommendation regarding the health questionnaire was stated on a second occasion.

One new recommendation was made following this inspection with respect to recording practices.

The inspector met and spoke to as many residents as possible who stated they were happy and content living in the home and discreetly observed care practices. There were three relatives and one visiting professional present in the home who all made complementary comments regarding the care provided within the home.

The inspector spoke privately to a range of grades of staff on duty. Staff made positive comments regarding working in the home; the care provided and the support received from management and no concerns were expressed.

The inspector wishes to acknowledge the full co-operation of the registered manager, residents, professionals, staff and relatives throughout the inspection. The inspector would like to thank all those involved for their time, open and honest conversation and for the hospitality received.

FOLLOW-UP ON PREVIOUS ISSUES

| NO. | REGULATION REF. | REQUIREMENTS | ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|-----------------|---|---|--------------------------------------|
| 1. | 14 (2) (c) | <p>The registered person must ensure that all suspected, alleged or actual incidents of abuse are reported to all the relevant persons and agencies in a timely manner and in accordance with procedures and legislation.</p> <p>(standard 16.4)</p> | <p>An examination of the incidents records during the inspection indicated that there have not been any further incidents of this nature since the last inspection. This will continue to be monitored on an on-going basis through the inspection process.</p> | Compliant |
| 2. | 30 (1) & (2) | <p>The registered person shall give notice to the RQIA without delay of the occurrence of any-</p> <ul style="list-style-type: none"> (d) any event in the home which adversely affects the care, health, welfare or safety of any resident; (g) any allegation of misconduct by any person who works at the home; <p>(2) Any notification made in accordance with this regulation which is given orally shall be confirmed in writing within three working days of the oral report.</p> <p>The registered manager should retrospectively notify the RQIA of incidents which allegedly took place in April 2013.</p> <p>(standards 16.4-16.7 & 20.16)</p> | <p>The incidents which were identified by the inspector were retrospectively notified to RQIA on 10 October 2014 and to the Trust.</p> | Compliant |

| | | | | |
|----|--------------------------|---|--|------------------|
| 3. | 21 (4) (d) schedule 2 | <p>The registered person must ensure that two written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer</p> <p>(standard 19.2)</p> | <p>This had been addressed for the identified staff member. This file was reviewed and was found to contain two written references, one of which was from the applicant's present or most recent employer. The home's application form now specifies that this information will be sought.</p> | Compliant |
| 4. | 3 (1) (c) schedule 1 | <p>The registered person must ensure that the statement of purpose is updated to include status of the home; emergency admission process and be dated.</p> <p>(standards page 77)</p> | <p>The statement of purpose dated 7 November 2014 was examined and the status of the home had been updated. The registered manager advised the inspector that the home does not accept emergency admissions.</p> | Compliant |

| NO. | MINIMUM STANDARD REF. | RECOMMENDATIONS | ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|-----------------------|---|---|--------------------------------------|
| 1. | 11.3 & 11.4 | The registered person is recommended to ensure that review reports prepared by staff are fully completed and signed. | Three care files were selected at random and inspected. All were found to include fully completed and signed review reports which had been prepared by staff. | Compliant |
| 2. | 11.5 | The registered person is recommended to ensure that review minutes are requested and that following the review a record of outcomes of the review, actions required and those responsible for these actions is held on site. | Three care files were examined and all were found to contain review minutes which included the outcomes of the review, actions required and those responsible for these actions. | Compliant |
| 3. | 11.6 | The registered person is recommended to ensure that updated care plans are signed by the resident or their representative, (where appropriate). | Three care plans selected at random were reviewed and all had been recently updated and signed by the resident or their representative, (where appropriate). | Compliant |
| 4. | 19.2 | The registered person is recommended to capture dates of employment to assist in the identification of gaps in employment and record that the pre-employment health questionnaire is signed off as satisfactory by the registered person. | The inspector was advised that no new staff had been recruited although interviews have occurred since the last inspection. The new application form was available which captured dates of employment. The health questionnaire remained unchanged. Therefore, this recommendation is partially met and partially stated on a second occasion with respect to the format of the health questionnaire. | Moving towards Compliance |

| | | | | |
|----|-------|---|---|------------------|
| 5. | 20.15 | The registered person is recommended to review the current system for allocation of unique identity numbers for residents to allow traceability of incidents. | A system was put in place post the last inspection which should allow incident and accidents to be more easily tracked in relation to individual residents. | Compliant |
| 6. | 19.6 | The registered person is recommended to review how residents, or where appropriate their representatives, are involved in the recruitment process where possible. | The residents' involvement was sought with respect to the actual questions which were asked in the recent interviews. | Compliant |

ADDITIONAL AREAS EXAMINED

Residents' views.

The inspector met many of the residents in the home at the time of this inspection. All confirmed that they were happy with their life in the home, their relationship with staff and the provision of meals. Their comments included:-

'They are very good to me and make sure I'm ok'.

'I'm very pleased with it. It's very clean and tidy and staff are very friendly'.

'Staff have plenty of time and the food is good'.

'The staff are very good and thoughtful'.

'I'm very happy here and have no complaints. The food is lovely'.

'The staff are very helpful and always come when called. It's very nice here'.

Visiting professionals' views

There was one visiting professional present in the home at the time of the inspection who was complementary regarding the care provided. Her comments included:

'It's very good here. They freely report any issues and relatives and residents are very happy here'.

Visitors/ Relatives views

The inspector spoke to three relatives during the inspection who made positive comments regarding the care provided. Their comments included:

'They are well looked after and I couldn't say anything bad. It's very clean and the staff are very caring'.

'I can't fault it. I'm very happy with it there. The staff are very patient and I have never heard them being otherwise. All credit to the staff- no matter what you ask for, you can get it'.

Staff views

During the inspection the inspector met with four staff of different grades that were on duty. They all made complimentary comments regarding the care and the training and support they received. Staff comments included:-

'The care is good. My training is all in place and we have plenty of time as extra staff are now on during the day. This allows us more quality time during the day with residents to do activities. I've no concerns'.

'We have better staffing now which is a big help and we can spend more time on activities. My training is up to date and my fire safety update is planned. The care is good and the food is excellent. This home is lovely and we get supported'.

Environment

The inspector viewed the home accompanied by care staff and alone and inspected a number of residents' bedrooms and communal areas and found it to be nicely furnished; spacious, clean and tidy, with no mal-odours identified. The atmosphere in the home was homely and welcoming. Improvements to the visual environment in respect of needs of residents with dementia were discussed.

Incidents and accidents records

These were sampled and reviewed. All those sampled, had been notified appropriately to RQIA and appeared to have been handled satisfactorily. A process for the monthly monitoring of these was noted to be in place.

Care Records

During the examination of the care records in relation to recommendations one and three of the quality improvement plan (see follow up section of this report), the inspector noted that the terminology used by care staff in one instance (in both the care plan and review report) was not satisfactory. This should be addressed with staff and a recommendation has been made with respect to this matter and is detailed within the appended QIP.

Observation of Care practices

The inspector also observed staff interacting appropriately with residents during the course of the inspection. Staff interactions with residents were observed to be unhurried, respectful, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

Fire Safety

There were no visible health and safety hazards. All fire exits were unobstructed and fire doors were closed. Fire safety training had been provided for all staff on 15 October 2013. The fire risk assessment was reviewed on 16 January 2014 and registered manager advised that most areas for action had been completed and the installation of door self-closers was being addressed.

Dependency levels

This was discussed with the registered manager with respect to one identified resident. The registered manager was advised to monitor needs; the appropriateness of the placement and ensure that staffing was appropriate to meet identified needs.

QUALITY IMPROVEMENT PLAN

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

Redlands

16 April 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 Irene Best, registered manager 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. | 19.2 | The registered person is recommended to record that the pre-employment health questionnaire is signed off as satisfactory by the registered person. | Two | MaThe Pre employment health questionnaire has been revised, and will be signed off as satisfactory when a new employee is recruited. | By 16 June 2014. |
| 2. | 1.1 | The registered person is recommended to ensure that the values underpinning the standards inform the philosophy of care and that staff consistently demonstrate the integration of these values into practice in their recording. | One | Staff meeting held on 29/4/14 Discussion - written reports values underpinning the standards and integration of these into recording Further identification of inappropriate recording to be compiled by the manager and deputy to form basis of additional and specific workshop and staff supervision | With immediate effect from the date of the inspection. |

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 | Irene Best |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | Mark Uprichard |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|------------------|-------------|
| Response assessed by inspector as acceptable | Yes | Lorna Conn | 16/6/14 |
| Further information requested from provider | | | |