

Unannounced Care Inspection Report

3 May 2017



River House

Type of service: Residential care home
Address: 131 Central Promenade, Newcastle, BT33 0EU
Tel No: 02843 723206
Inspector: Ruth Greer

1.0 Summary

An unannounced inspection of River House took place on 3 May 2017 from 10.20 to 15.30.

The inspection sought to assess progress with any issues raised since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

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

No requirements or recommendations were made in relation to this domain.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

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

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 0 |

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Miriam Chambers, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

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|--|---|
| Registered organisation/registered person: Presbyterian Council of Social Witness | Registered manager: Miriam Chambers |
| Person in charge of the home at the time of inspection: Miriam Chambers | Date manager registered: 3 March 2014 |
| Categories of care: I - Old age not falling within any other category DE – Dementia | Number of registered places: 29 |

3.0 Methods/processes

Prior to inspection the following records were analysed: The report of the last inspection, notifications of accidents and incidents to RQIA since that date.

During the inspection the inspector met with twelve residents, three care staff, two catering staff and two visitors (members of the Friends of River House support group).

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment file(s)
- Four resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Accident/incident/notifiable events register

- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Input from independent advocacy services
- Programme of activities
- Policies and procedures manual

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Four questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 8 December 2016

The most recent inspection of the home was an unannounced care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 8 December 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. The registered manager stated that, when required, staffing levels were increased to meet the individual and current needs of the residents. No concerns were raised regarding staffing levels during discussion with residents and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home. Duty rosters showed that additional staff had been scheduled on duty when one resident recently required increased observation.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. In addition to an induction programme in the home, new staff undertake a two day corporate induction in the head office of the organisation in control. On commencement in the home all new staff are supernumerary to the rota for two weeks until assessed as competent to practice.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for

mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. The record confirmed that staff supervision is undertaken at least every six months and appraisals are on an annual basis.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. The staff competency and capability assessments were reviewed at the staff member's annual appraisal. This is good practice.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. Copies of the documents are also held in the home.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body. Staff who have not renewed their registration are suspended from duty until evidence is available that registration has been re-instated.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established. A poster on view in the home identified the name of the safeguarding champion and an overview of her role.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff most recently on 10 November 2016 and is planned for 15 June 2017.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The registered manager confirmed that the Health and Safety Executive had undertaken an inspection of the home on 18 January to review the risk management arrangements in the home. The Environmental Health Department had undertaken an inspection on 5 May 2017 to specifically examine the home's arrangements for managing the risks associated with residents who smoke. The home had a non-smoking policy applicable to residents, staff and visitors. This is clearly set out in the Statement of Purpose and Residents' Guide.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities most recently on 21 December 2016. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 20 April 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every 6 months most recently on 23 March 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems were checked weekly and were regularly maintained. Emergency lighting and means of escape were checked daily. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Four completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents and staff included:

- "I've got the best room in the house, isn't it lovely?" (resident)
- "This is a great place I am happy and really well looked after" (resident)
- "This is a good home the residents are safe and well cared for" (staff)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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| Number of requirements | 0 | Number of recommendations | 0 |
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents. This was particularly evident in relation to a recent situation involving two residents in the home. Records showed that the registered manager had been diligent in her handling of the matter and all relevant parties were kept fully involved and informed at all stages.

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments manual handling, bedrails, nutrition, falls etc. were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. For example, residents have choice in all areas of their daily routine, getting up times, how they spend their day and a choice of food.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection. The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment, catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents’ meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

Minutes of the most recent residents’ meeting on 13 March 2017, were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Four completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents and staff included:

- “I’m well cared for here and the girls are kind but I think I could manage at home “(resident)
- “Sure where would you get it? It’s (the home) is wonderful (resident)
- “Some residents who are confused just need us to re assure them continually which we are happy to do if it helps them to settle” (staff)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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|-------------------------------|---|----------------------------------|---|
| Number of requirements | 0 | Number of recommendations | 0 |
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records for example, care plan in place for management of pain, trigger factors, prescribed medication, care of chronic pain etc.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. River House is a faith based home which is set out in the Statement of Purpose and Residents Guide. Church services and prayer meetings take place regularly. A religious devotion is held each morning. The priest visits to celebrate mass. Residents are free to participate (or not) in religious services. The home employs an activity therapist and social activities are organised daily. Records show that these include quizzes, craftwork, singing and exercise. Parties are organised for special occasions. On the morning of the inspection a resident (who speaks fluent French) was leading a group of residents who wished to learn French as a second language. The Friends of River House group remain a strong and supportive resource for the home. On the afternoon of the inspection buses had been arranged and residents were going out to the Mournes and for afternoon tea. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Four completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents, staff and representatives from the Friends of River House included:

- "We are still fully involved in fund raising and organising events for the residents, we like to make sure they have a good quality of life" ("Friends of" representative)
- "We are going out on a bus run and for afternoon tea I'm really looking forward to it" (resident)
- "Nobody could have any complaint in this home" (resident)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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| Number of requirements | 0 | Number of recommendations | 0 |
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and leaflets etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. For example, senior staff audit the care records on a monthly basis. The audits are monitored by the registered manager as part of her quality assurance measures.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Training on dementia awareness has been organised for care staff. One senior care assistant is due to

commence QCF level 5 in social care. The registered manager had just successfully completed a QCF level 4 in Nutrition in residential care. This has developed her skills and knowledge and the learning will be cascaded to care/catering staff.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. The reports of 23 March 2017 and 28 April 2017 were reviewed by the inspector.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home by phone and e mail.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Four completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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| Number of requirements | 0 | Number of recommendations | 0 |
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews