

Unannounced Care Inspection Report

27 April 2016



River House

Address: 131 Central Promenade, Newcastle, BT33 0EU

Tel No: 02843723206

Inspector: Ruth Greer

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of River House took place on 27 April 2016 from 9:45 to 16:30.

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

Is care safe?

One requirement was made in regard to safe care.

Is care effective?

No requirements or recommendations were made in regard to safe care.

Is care compassionate?

No requirements or recommendations were made in regard to compassionate care.

Is the service well led?

No requirements or recommendations were made in regard to a well led service.

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	1

Details of the QIP within this report were discussed with Alison Kernaghan, acting manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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 last inspection. No requirements or recommendations had been made.

2.0 Service details

Registered organisation/registered person: Presbyterian Board of Social Witness	Registered manager: Alison Kernaghan (acting) .
Person in charge of the home at the time of inspection: Sandra Forsythe senior care assistant initially Alison Kernaghan joined inspection at approximately 11:00	Date manager registered: 03/03/2014
Categories of care: I - Old age not falling within any other category DE – Dementia	Number of registered places: 29
Weekly tariffs at time of inspection: £460	Number of residents accommodated at the time of inspection: 25

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the complaints return received from the home and notifications received at RQIA since the previous inspection.

During the inspection the inspector met with 15 residents, four care staff, three ancillary staff, and one resident's visitor/representative.

The following records were examined during the inspection:

- Statement of purpose
- Residents' Guide
- Staff training
- Complaints and compliments
- Fire awareness
- Staff induction
- Policy on adult safeguarding
- Policy on whistle blowing
- Policy on recruitment and selection
- Policy on staff induction
- Policy on accidents/incidents
- Four residents' care files
- A sample of quality assurance audits

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 February 2015

The most recent inspection of River House was a finance inspection. The completed QIP was returned and approved by the specialist inspector.

4.2 Review of requirements and recommendations from the last care inspection Dated 8 September 2015

There were no further actions to be taken following the last care inspection. No requirements or recommendations had been made.

4.3 Is care safe?

The 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. No concerns were raised regarding staffing levels during discussion with residents, one resident's representative and staff.

On the day of inspection the following staff were on duty:

- Manager x1
- Senior care assistant x 1
- Care assistant x 3
- Domestic (including laundress) x3
- Catering x 2
- Activity coordinator x 1
- Volunteer x1
- Administrative x 1

Review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

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 annual staff appraisals and staff supervision was maintained and was available for inspection. Staff appraisals are planned for April/May 2016 and staff have received letters with individual dates for their appraisal.

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. A review of a sample of staff competency and capability assessments were reviewed and found to be comprehensive, detailed and up to date.

Review of the home's 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 Human Resources department.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. A checklist is forwarded by the HR department of the organisation in control prior to any new staff member commencing employment in the home. A copy of the checklist was reviewed and found to confirm the information required by legislation and standards.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

There were adult safeguarding policies and procedures in place which were seen to include definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The organisation in control, Presbyterian Board of Social Witness, are currently updating the policy to ensure the information is fully reflective of new adult safeguarding guidance and to identify a safeguarding champion.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention 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 to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager, review of accident and incidents notifications, review of care records and review of complaints 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.

A general inspection of the home was undertaken to examine a number of residents' bedrooms communal lounges, bathrooms. The majority of residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. Discussion with a domestic assistant confirmed that daily work schedules were in place.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff members of all designations established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of 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.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home. There were information notices and leaflets available on IPC in a range of formats for residents, their representatives and staff.

The registered manager confirmed that 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 needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

Training records confirmed that training was provided for senior staff on Human Rights and Deprivation of Liberties on 22 March 2016.

The manager confirmed that no areas of restrictive practice were employed within the home. The front door is kept locked for security purposes and entry is via a swipe card. The manager confirmed that residents who wish to have an individual swipe card have been provided with one.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans, if required, were devised by specialist behaviour management teams from the Trust and that the behaviour management plans were regularly reviewed and updated as necessary.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. 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 in place. However several required to be reviewed and updated. A recommendation has been made in the quality improvement plan.

The registered manager confirmed that a hoist is used for emergency situations only, for example, falls. No residents have been assessed as requiring the use of the hoist for transfers. The manager confirmed that this is equipment is well maintained, regularly serviced and that staff have been trained in their use.

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 manager confirmed that action plans were in place to reduce the risk where possible.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated, 20 April 2016, identified that any recommendations arising were being addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were most recently completed on 26 April 2016 and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

Areas for improvement

A recommendation is made that the policies and procedures should be reviewed to ensure they are up to date in line with current practice.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care effective?

Discussion with the registered manager established that the home responded appropriately to and met the assessed needs of the residents.

A review of five care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessments of need, life history, risk assessments, care plans and daily / regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The manager confirmed that records were stored safely and securely in line with data protection.

The 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 care plans and care reviews are undertaken monthly by the senior staff. The manager audits accidents and incidents (including falls), complaints, environment, and catering arrangements. Further evidence of audits was contained within the monthly monitoring visits reports, most recently undertaken on 27 February, 22 March and 26 April 2016, and the annual quality report.

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

Residents and one relative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders. A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and the Friends of River House group were available for inspection.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents. An independent advocate visits the home regularly to offer a service to residents who may need an outside advocate. Her contact details were on display on the residents' notice board.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff, residents and one representative confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. The organisation in control is a Christian Church and daily devotions are held which are optional for residents to attend. Clergy from all faiths are encouraged and welcomed to minister to any resident who wishes.

The manager, residents and staff confirmed that consent was sought in relation to care and treatment. Residents, staff, one relative and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected in the examples of practice they cited in discussions with the inspector.

Discussion with staff, residents, representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. One resident told the inspector that prior to coming to live in River House she taught a French class for Age Concern. The home have facilitated this and the classes now take place in the home and have been joined by some of the residents. This is commendable. The inspector was informed that the home facilitated a birthday party for 30 guests for the family of a resident who was too unwell to travel to the family home for the celebration. One resident told the inspector of a gardening project to grow vegetables in raised beds. The resident stated that a trip had been planned to a garden centre and all residents had been invited to select their choice from a seed catalogue.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The registered manager confirmed that 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.

There were systems in place to ensure that the views and opinions of residents, and/or their representatives, were sought and taken into account in all matters affecting them.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. It was noted that the summary report for 2015 was on view in the hallway and was presented in the form of “You Said” “We Did” and set out an action plan where improvements were required/suggested.

Residents and one relative confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home. A selection of comments made to the inspector are included below:

- “I love it here”
- “The staff are powerful good”
- “I’m lucky to live here”
- “The girls (staff) are very kind”
- “Our family are delighted we couldn’t ask for more” (relative)

Areas for improvement

No areas for improvement were identified during the inspection.

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

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. There was no policy on consent available for inspection and several policies were past the recommended three yearly review. A recommendation has been made in the quality improvement plan. The recommendation incorporates that made in point 4.4 of this report.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide and leaflets were readily available in the entrance hall. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

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. The registered manager confirmed the home had 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 this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. For example falls prevention plans were in place for residents where an identified high risk of falling had been noted.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. Representatives from the Friends of River House visit the home and spend time on a one to one basis with residents. Their findings are shared with the home's manager at regular meetings one of which was planned for the evening of the inspection.

Discussion with the 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.

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.

There was evidence of managerial staff being provided with additional training in governance and leadership. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

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

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration.

Review of notifications of accidents and incidents confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The 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. This approach ensured that information was shared and utilised for the benefit of residents.

Areas for improvement

No areas of improvement were identified during the inspection.

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

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Alison Kernaghan as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 21
appendix 2

Stated: first time

To be completed by:
12 June 2016

The registered person should ensure that policies and procedures are systematically reviewed every three years or more frequently should changes occur and that all policies listed in appendix 2 of the Residential Care Home Standards are in place and available for inspection.

Response by registered person detailing the actions taken:

In line with the recommendation, a Review of all policies within the Home has taken place. Updated copies have been received from Head Office and an ongoing review will take place to ensure all policies are up to date and in line with current practices.

Alison Kernaghan
Acting Home Manager



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