

# Unannounced Care Inspection Report 30 January 2018



## Sir Samuel Kelly Memorial Eventide Home

**Type of Service: Residential Care Home**  
**Address: 39 Bangor Road, Holywood, BT18 0NE**  
**Tel No: 028 9042 2293**  
**Inspector: Patricia Galbraith**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 40 beds that provides care for residents detailed in section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> The Salvation Army  <b>Responsible Individual(s):</b> Mrs Elaine Cobb	<b>Registered Manager:</b> Sharon Cushley, Acting
<b>Person in charge at the time of inspection:</b> Sharon Cushley, Acting Manager	<b>Date manager registered:</b> 30 September 2008
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia TI - Terminally ill	<b>Number of registered places:</b> 40

### 4.0 Inspection summary

An unannounced care inspection took place on 30 January 2018 from 10.30 to 17.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas requiring improvement were identified relating to the recruitment process care records and completion of regular audits.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Cushley, 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.

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 January 2018.

## 5.0 How we inspect

Prior to inspection we analysed the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with 20 residents and eight staff.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. A poster with information for staff to complete an electronic questionnaire was given to the manager. No questionnaires were returned within the requested timescale.

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
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings/representatives' / other
- Evaluation report from annual service user quality assurance survey
- 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

- Programme of activities
- Policies and procedures manual

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

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

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 30 August 2017**

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

The completed QIP was returned and approved by the estates inspector.

**6.2 Review of areas for improvement from the last care inspection dated 21 July 2017**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (2) (c) <b>Stated:</b> First time <b>To be completed by:</b> 31 August 2017	The registered person shall ensure that a system of regular audit and review of the bedroom ceiling lights, hand sanitisers and grab rails at showers is put in place; any equipment found to be missing or damaged must be replaced or repaired.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An audit and review had been put in place.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 30 (1) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2017</p>	<p>The registered person shall ensure that RQIA is given notice of any accident or incident in the home which adversely affects the care, health, welfare or safety of any resident.</p> <p>Ref: 6.7</p> <p><b>Action taken as confirmed during the inspection:</b> Accidents or incidents had been sent to RQIA.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2017</p>	<p>The registered person shall ensure that the home's adult safeguarding policy and procedure is reviewed to reflect current regional guidance.</p> <p>Ref: 6.4</p> <p><b>Action taken as confirmed during the inspection:</b> The adult safeguarding policy and procedure was reviewed and had been up dated.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 20.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2017</p>	<p>The registered person shall ensure that the identity of residents and residents' representatives is protected within the monthly monitoring visit reports.</p> <p>Ref: 6.7</p> <p><b>Action taken as confirmed during the inspection:</b> The monthly monitoring reports were reviewed and now protect identity of participants.</p>	<p><b>Met</b></p>

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

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, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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 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 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. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection procedure confirmed that they did not comply with current legislation and best practice. Two out of the four files reviewed did not have all the information completed in relation to gaps in employment. This was identified as an area of improvement.

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 where applicable.

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.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures 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.

Discussion with the 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 manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the 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.

The manager confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems, lap belts etc. Discussion with the manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

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 manager confirmed there were risk management policy and procedures in place. Discussion with the manager and review of 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 equipment and medical devices in use in the home were well maintained and regularly serviced.

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. 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 manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's 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. The first floor had a plan in place for major refurbishment which had commenced.

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 19 December 2017 and all recommendations were noted to be addressed.



Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every 6 months. Records were 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 monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

### Areas of good practice

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

### Areas for improvement

One area for improvement was identified during the inspection in relation to gaps in employment had not been fully completed on application forms.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

#### 6.5 Is care effective?

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

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

A review of four care records identified that two of the care records risk assessments had not been up dated to accurately reflect residents' care needs. This was identified as an area of improvement.

The care records reflected the multi-professional input into the residents' health and social care needs. 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 observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice.

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 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, care review, accidents and incidents (including falls, outbreaks), complaints, environment, catering were available for inspection. However it was noted that some of these were not being completed on a regular basis. This was identified as an area for improvement to comply with the standards.

The 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. Minutes of resident and/or their representative meetings 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.

### Areas of good practice

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

### Areas for improvement

One area for improvement was identified during the inspection in relation to care records and completion of regular audits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

#### 6.6 Is care compassionate?

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

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, their representatives 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 as one had a care plan in place for management of pain.

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. For example there was signage up in areas and menus were given in pictorial form.

The 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. For example staff ensure they pass information on in a discreet manner about residents in the office.

The 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.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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. For example residents' meetings.

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, residents, and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example a number of residents had attended the Opera house before Christmas and a number of schools had attended the home providing carol services. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example the home organised a Christmas party for residents and their family members to attend.

Comments received from residents were as follows:

- "Staff are amazing"
- "I have everything I need and staff are always at hand"
- "I am very happy here home from home"
- "Great place to live always something going on we are asked to participate in activities if we want to"
- "The staff, food and the whole place is great"

### **Areas of good practice**

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.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

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

The 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, Poster/leaflet 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.

The manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

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 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 to read.

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 quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The manager confirmed that the registered provider was kept informed regarding the day to day running of the home by telephone and emails.

The 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 employers' liability insurance certificate were displayed.

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

Review of records and discussion with the 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 and 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 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.

Comments received from staff were as follows:

- "The manager's door is always open"
- "Great team work"
- "We always have enough supplies to carry out our work"

### **Areas of good practice**

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.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sharon Cushney, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

## **7.1 Areas for improvement**

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

## **7.2 Actions to be taken by the service**

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 21.- (1)(b)schedule 4(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2018</p>	<p>The registered person shall ensure that gaps in employment are completed when carrying out recruitment process to meet regulations.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>We have put a check list in for all personnel files to ensure that there are no gaps and at interview to check where there are employment gaps we seek clarity from the prospective employee as to the reason why. All files have been checked over and our correct and complete.</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 18</p>	<p>The registered person shall care records accurately reflect residents care needs.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All risk assessments and care files have been reviewed and there are ongoing updates as needed regarding changes to their risks factor and changing health.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2018</p>	<p>The registered person shall ensure working practices are systematically audited to ensure they are consistent with the homes policies and procedures and action is taken when necessary.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>There is regular auditing taking place on the care files for the senior team in line with the Salvation Army Policy and Procedures. This is over seen by Acting home Manager and lead by the Head Of Care and carried out by the Team Leaders and HOC.</p>

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





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](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)