



Unannounced Care Inspection Report 10 and 11 September 2019



Sir Samuel Kelly Memorial Eventide Home

Type of Service: Residential Care Home
Address: 39 Bangor Road, Holywood BT18 0NE
Tel No: 028 9042 2293
Inspectors: Marie-Claire Quinn and Paul Nixon

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 40 residents who have been assessed as requiring care under the categories outlined in section 3.0 below.

3.0 Service details

Organisation/Registered Provider: The Salvation Army Responsible Individual: Elaine Cobb	Registered Manager and date registered: Sharon Boyd 31 August 2018
Person in charge at the time of inspection: Sharon Boyd	Number of registered places: 40
Categories of care: 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	Total number of residents in the residential care home on the day of this inspection: 34

4.0 Inspection summary

An unannounced care inspection took place on 10 September 2019 from 09.50 hours to 16.45 hours. An unannounced medicines management inspection took place on 11 September from 09.55 hours to 12.55 hours.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas for improvement in respect of previous medicines management inspections have also been reviewed and validated as required.

Evidence of safe practice was found in relation to the environment, staffing levels, staff training and medicines management. There was evidence of good practice regarding care delivery, care records and working relationships in the home. The culture and ethos of the home supported compassionate care which maintained the dignity and privacy of residents and the provision of activities. There was also evidence that the home was well led, as there were robust management arrangements, complaints management and governance arrangements in the home.

One area requiring improvement was identified regarding procedures for the control of substances hazardous to health (COSHH).

Residents told us they were very content living in the home and we saw lovely interactions and friendships between residents, staff, management and visitors to the home.

Comments received from residents, people who visit them and staff during and after the inspection are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Boyd, 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 inspection dated 18 June 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 18 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from previous inspections, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. We received two responses; both respondents confirmed they were very satisfied that the care in the home is safe, effective and compassionate and that the service is well led. One relative commented:

- "The Sir Samuel Kelly care home is excellent. There are not enough superlatives to describe the service they provide. It's absolutely superb."

A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received by staff within the agreed timescale of two weeks.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections.

During the inspection a sample of records was examined which included:

- recruitment records for two members of staff
- staff training records
- fire safety records
- the care records of five residents
- complaints and compliments records
- activities schedule
- care plan audits from July and August 2019
- catering quality audit May 2019
- annual monitoring report dated 21 – 23 May 2019
- monthly monitoring reports dated 27 June 2019, 15 July 2019 and 23 August 2019
- medicines management records

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 last care inspection dated 18 June 2018 and the last medicines management inspection dated 8 January 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (c) Stated: First time To be completed by: 20 June 18	The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.	Met

	<p>Action taken as confirmed during the inspection: Review of care records confirmed that these documents were now in place.</p>	
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Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1 Ref: Regulation 13(4) Stated: Second time</p>	<p>The registered provider must ensure that a record of all administered medicines is maintained.</p>	Met
	<p>Action taken as confirmed during the inspection: This area for improvement related specifically to the recording of the use of food and fluid thickeners. It was evidenced that staff had recorded the use of thickeners.</p>	
<p>Area for improvement 2 Ref: Regulation 13(4) Stated: First time</p>	<p>The registered person shall ensure that written confirmation of the current medicine regime is obtained from the general practitioner when residents are admitted from their own home.</p>	Met
	<p>Action taken as confirmed during the inspection: For two recent admissions to the home it was evidenced that written confirmation of the current medicine regime had been obtained from the general practitioner.</p>	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<p>Area for improvement 1 Ref: Standard 32 Stated: Second time</p>	<p>The registered person should review the management of controlled drugs to ensure that robust arrangements are in place.</p>	Met
	<p>Action taken as confirmed during the inspection: The management of controlled drugs had been reviewed by management to ensure that robust arrangements were in place. It was evidenced that secure arrangements were in place for keeping the controlled drug cabinet key and for recording the transfer of responsibility for it between staff.</p>	

Area for improvement 2 Ref: Standard 30 Stated: Second time	The registered person should review the management of bisphosphonate medicines.	Met
	Action taken as confirmed during the inspection: For two residents, it was evidenced that bisphosphonates had been administered in accordance with the prescriber's instruction.	
Area for improvement 3 Ref: Standard 30 Stated: Second time	The registered person should include the QIP in the auditing process.	Met
	Action taken as confirmed during the inspection: It was evidenced that the QIP was included in the weekly and monthly medicines management audits.	

6.2 Inspection findings

6.3 Is care safe?

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

The home was clean, tidy and well maintained. The manager briefly outlined plans to refurbish and extend the home while minimising disruption to existing residents.

We identified some areas where the home could further improve Control of Substances Hazardous to Health (COSHH) by ensuring more secure storage arrangements. This was identified as an area for improvement to comply with the Standards.

Discussion with residents and staff and observation of care delivery confirmed there were sufficient staff levels to meet residents' needs.

Residents told us:

- "This home is a palace compared to other places."
- "Staff always love to help. No matter day or night, they are there."
- "I love it here, I love the staff. I would like to stay here, it's a great place."

Staff told us:

- "All the staff are very caring. We work hard and are here to make a difference. I would not be here if it wasn't a good home."
- "I love working here. We work as a team."

Agency staff are used on occasion and staff confirmed that management maintained robust oversight of this to ensure consistency and high standards of care. The home was in the process of recruiting additional care staff.

A review of recruitment records confirmed that staff were recruited safely. When we spoke with staff, they confirmed they had induction, regular training and supervision. Management review this regularly to ensure that all training is in date.

There were protections in place to ensure that residents were safe and that this was balanced with their human rights. Staff were able to accurately outline adult safeguarding policy and procedure as well as identify their responsibilities under whistle-blowing.

A review of fire safety records established that fire drills were conducted on a regular basis in the home.

Management of medicines

The sample of medicines examined showed that residents were receiving their prescribed medicines.

Medicines were managed in compliance with legislative requirements, professional standards and guidelines. Medicines were managed by staff who had been trained and deemed competent to do so. There were procedures in place to ensure the safe management of medicines during a resident's admission to the home. There were satisfactory arrangements in place to manage changes to prescribed medicines. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Audits which cover all areas of medicines management were performed regularly, discrepancies investigated and records maintained.

Medicines records complied with legislative requirements, professional standards and guidelines.

Medicines were safely and securely stored in compliance with legislative requirements, professional standards and guidelines. Medicines were stored in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.

The management of controlled drugs was in compliance with legislative requirements, professional standards and guidelines. Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in the controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the home's environment, staffing levels, staff training and medicines management.

Areas for improvement

One area for improvement was identified in relation to more robust management of COSHH.

	Regulations	Standards
Total numb of areas for improvement	0	1

6.4 Is care effective?

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

We saw that residents who looked comfortable and content. Several residents enjoyed a lie in; those residents that were up were bright, alert and friendly. Residents had been supported to maintain their personal appearance to a high standard. Staff responded promptly, in a gentle and kind manner. Care was delivered in an organised, unhurried and efficient manner.

Residents told us:

- “You just ask and you get it – it’s a home from home.”
- “I love just sitting here, watching people come and go.”

Staff told us:

- “All the staff are very caring. There is a good rapport between staff and residents. Residents’ families are all complimentary. Residents and relatives are happy. If there’s any issues, we deal with them head on.”

Care records were organised and comprehensive. Care plans were person centred, based on “things I can do for myself and things I need help with”. There was evidence of regular review of residents’ needs and timely response to any changes, including appropriate referrals to multi-agency professionals.

The home now uses a frozen meal delivery service, which staff had mixed views about. Management advised that this remains under review and that no complaints or concerns have been raised by residents or relatives about this service.

We observed part of the lunch time meal. Residents chose whether to eat in the dining room or their bedrooms, and were offered a choice of main meal, dessert and drinks. Each corridor of the home had its own dining room which provided residents with a low stimulus and relaxing environment. Residents told us:

- “The food is lovely.”
- “You always get a choice, or they’ll make something else for you.”
- “They (staff) ask what you want the day before.”
- “Food is excellent.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care delivery, care records and the working relationships between residents, their representatives, relatives and staff.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

There was a homely, relaxed and welcoming atmosphere in this home. Facilities were excellent with separate areas for small group living. Residents told us:

- “I enjoy the space here; I can join the others if I wish and if I need quiet time, I like to go to my room.”
- “I like looking out on the garden. I want for nothing.”

Several residents met in the afternoon and spent their time laughing, chatting, singing and waltzing with other residents and visitors. One resident had been unwell and their relative told us how happy they were to see them well again and back in the group. Relatives told us: “There is a great openness about the home.”

We saw care being delivered in a way which promoted and protected residents’ privacy and dignity. There were lovely interactions between residents and staff; residents greeted staff happily, and were confident in seeking support, comfort and reassurance from staff when necessary.

We were impressed with the standard of dementia friendly décor in the home which promoted residents independence and choice. There were ample opportunities for residents to engage in a range of therapeutic activities, including reminiscence, music, art, dance and film. Staff described how the presence of a ‘music corner’ in the home had prompted one resident to regain their memory and skill in playing the piano. The manager was able to outline how the home monitors and seeks to improve this environment for all residents.

Care records were holistic and included residents’ social, religious and cultural needs and preferences. Residents were supported by a minister who is employed full time in the home. Services are held on a daily basis, open to all dominations.

The home also employs a full time activities co-ordinator, who was attending training on the day of inspection. It was positive to see individualised activity plans for residents, which identified

various hobbies and interests residents could be supported to engage in on a daily, weekly or monthly basis. Staff told us:

- “The activities are fantastic. There’s outings, arts and crafts, we go for walks.”
- “The activities worker is fabulous – so engaged and open to ideas.”
- “Lorraine (activities leader) is absolutely amazing. The residents are doing a lot more. There’s always something on.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy afforded to residents and activities.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

When we spoke with staff, they confirmed that management were available, accessible and supportive, both personally and professionally. Staff expressed confidence in raising any issues or concerns with management and felt that their views and opinions were listened and responded to. Staff commented:

- “The deputy manager is second to none. She is absolutely fantastic and knows how to deal with everything.”
- “The manager is much more visible. She takes the time to thank you for your work, it means a lot.”

Person-centred leadership, focused on the needs and care of residents, was evident throughout our observations on the day of inspection. Staff were confident in approaching management with any queries. We saw examples of openness and transparency, as relevant information was displayed throughout the home, for example the complaints policy and information on advocacy services. Several systems were in place to ensure good communication, including staff meetings, handovers, resident and relative meetings and as the home operates an ‘open door’ policy. This contributed to a strong sense of team work witnessed in the home.

Review of records and discussion with staff confirmed that complaints were appropriately managed in the home. The home also retains compliments and thank you cards; staff were thanked for providing respectful and sensitive support to both residents and their families. Additional feedback from residents and relatives was gathered on a minimum annual basis. Comments included:

- “Staff are great, they don’t see you short of anything.”
- “Staff are kindness in action.”
- “Excellent standard of care.”

We reviewed a sample of monthly audits and were satisfied that robust governance procedures are in place. Additional oversight was provided through the timely completion of monthly monitoring reports which contained sufficient detail and clear action plans. Any identified issues were reviewed and actioned as required. We did highlight some areas where the home could improve adherence to General Data Protection Regulations (GDPR) within monthly monitoring reports, which management agreed to address.

Discussion with the manager confirmed their awareness of regulatory requirements. Management were also able to outline how the home was preparing for changes in legislation, such as the implementation of the Mental Capacity Act (NI) 2016 later this year.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management, complaints and governance arrangements.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Boyd, 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.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed by: with immediate effect from 10 September 2019</p>	<p>The registered person shall ensure the promotion of safe and healthy working practices in relation to Control of Substances Hazardous to Health (COSHH).</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All chemicals/toiletries within the home are now kept in a locked cupboard/room. All staff within the home have again been made aware of the importance of ensuring no chemicals are within reach of any resident and the dangers of ingesting chemicals highlighted. It has been discussed with domestic staff the importance of locking away all chemicals and cleaning trolleys when not in use and this is adhered to. With reference to 'thickener' this is now stored in a locked cupboard and all staff have been advised of this. With reference to the toiletries in the hairdressing room this room now remains locked and the toiletries are placed in the cupboard out of sight. During hairdressing sessions the toiletries are supervised by the hairdresser and staff member assisting. With reference to toiletries for sale in the shop this is now locked with specific opening times which are supervised by a staff member.</p>
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