



Unannounced Care Inspection Report 25 February 2020



Sir Samuel Kelly Memorial Eventide Home

Type of Service: Residential Care Home
Address: 39 Bangor Road, Holywood BT18 0NE
Tel no: 02890422293
Inspector: Gerry Colgan

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.

3.0 Service details

<p>Organisation/Registered Provider: The Salvation Army</p> <p>Responsible Individual: Elaine Cobb</p>	<p>Registered Manager and date registered: Sharon Boyd 31 August 2018</p>
<p>Person in charge at the time of inspection: Sharon Boyd</p>	<p>Number of registered places: 40</p> <p>A maximum of 24 residents in RC-DE; a maximum of 12 residents in RC-I; a maximum of 2 residents in RC-MP and a maximum of 2 residents in RC-TI categories of care.</p>
<p>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.</p>	<p>Total number of residents in the residential care home on the day of this inspection: 32</p>

4.0 Inspection summary

An unannounced inspection took place on 25 February 2020 from 09.00 to 16.00 hours.

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

Evidence of safe practice was found in relation to the environment, staffing levels and staff training. 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.

No areas for improvement were identified on this inspection.

Residents told us they were very content living in the home and we saw good 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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Sharon Boyd, 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.

4.2 Action/enforcement taken following the most recent inspection dated 10 and 11 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 10 and 11 September 2019. 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 previous inspection findings, 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. A poster was provided for staff detailing how they could complete an electronic questionnaire.

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

- staff duty rotas from 22 February 2020 to 3 March 2020
- staff training records
- three staff recruitment records
- three residents' records of care

- complaint records
- accident and incident records from September 2019
- cleaning records
- records of meals provided
- minutes of staff meetings
- minutes of resident meetings
- sample of policies and procedures
- RQIA registration certificate

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 manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 10 & 11 September 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: Standard 28.3 Stated: First time	The registered person shall ensure the promotion of safe and healthy working practices in relation to Control of Substances Hazardous to Health (COSHH).	Met
	Action taken as confirmed during the inspection: A review of the environment, records and discussion with the manager and staff confirmed that a system has been established to ensure safe and healthy working practices in relation to Control of Substances Hazardous to Health.	

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 manager advised that the staffing levels for the home 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. A review of the duty rota from 22 February 2020 to 3 March 2020 confirmed that it reflected the staff working in the home.

Discussion with the manager confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection and noted to be well maintained.

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 manager's absence. Staff competency and capability assessments were reviewed and found to be satisfactory.

The adult safeguarding policy in place was consistent with the current regional policy and procedures; this included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements and contact information. The manager advised that an annual safeguarding position report will be completed for the period 1 April 2019 to 31 March 2020. The manager was knowledgeable and had a good understanding of adult safeguarding principles and was aware of her 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.

The manager stated that there were restrictive practices within the home, notably the use of a fob entry system, and pressure alarm mats. In the care records examined, the use of these restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Staff training records evidenced that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Observation of practice and discussion with the manager established that staff 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, and towels wherever care was delivered. Notices promoting good hand hygiene were displayed throughout the home. The manager reported that there had been no outbreaks of infection within the last year.

A review of the home's environment was undertaken and included observations of residents' bedrooms, bathroom, lounges, dining room, kitchen and storage areas. Residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was found to be warm, well decorated, fresh smelling and clean throughout. Residents spoken with were complimentary in respect of the home's environment.

Review of staff training records confirmed that staff had completed fire safety training twice annually. Residents were also supported to complete fire safety training; this is good practice. Walkways and exits in the home were kept clear; there were no obvious fire hazards within the home environment.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

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

Records were stored safely and securely in line with data protection. We reviewed three care records; all had an up to date assessment of needs, life history, risk assessments, care plans and daily statements of health and well-being of the residents. Records showed care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The care records were 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 observed to be signed by the resident. An individual agreement setting out the terms of residency was in place and appropriately signed.

A varied and nutritious diet was provided to meet the individually assessed dietary needs and preferences of the residents. Systems were in place to regularly record residents’ weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by SALT were reflected within the individual residents’ care plans and associated risk assessments.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, residents are encouraged to participate in person centred activities, and supported with their preferred rising and retiring times.

The manager advised 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. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager confirmed that she operated an open door policy with regard to communication within the home.

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.

Areas of good practice

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

Areas for improvement

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

	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.

Upon arrival to the home, we were greeted by the manager who was helpful and attentive. Some residents were observed enjoying breakfast whilst others were chatting in groups, reading the papers or waiting to get their hair done.

The manager demonstrated a detailed knowledge of residents’ wishes, preferences and assessed needs and how to provide comfort if required. The manager advised that staff working in the home promoted a culture and ethos that supported the values of dignity and respect of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with residents and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. The manager described her awareness of promoting residents’ rights, independence, and dignity and explained how confidentiality was protected.

Feedback from the manager, residents, and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner; and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care; other

systems of communication included residents' meetings. The manager advised that residents' views were also responded to on an informal and daily basis by staff.

Discussion with the manager, activity therapist and residents, confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of inspection, it was Pancake Tuesday so some residents were participating in making pancakes. Arrangements were in place for residents to maintain links with their friends, families and wider community. Two groups of residents were going to a tea dance on the Stena ferry and there are regular bus runs for residents to attend afternoon tea at a local church hall. The activity therapist keeps a daily record of activities which includes, who attended and residents' level of participation and enjoyment.

The home environment had been adapted to promote positive outcomes for the patients. For instance, bedrooms were spacious and personalised with possessions that were meaningful to each resident and reflected their life experiences.

Residents, relatives and staff spoken with during the inspection made the following comments:

- "I have had the opportunity to nurse all over the world and this is the best designed ward I have ever been in." (resident)
- "Oh I love it here. Staff are great, the home itself is lovely. Just look out at the beautiful view." (resident)
- "This is a palace. It is very personable. You could talk to the staff or managers about anything." (resident)
- "I love it. We get good support and everyone is well looked after." (staff)
- "Best move I ever made coming to work here. I love my job." (staff)
- "I am here on a regular basis and I am very happy with the care provided in the home." (relative)
- "We love coming to visit. There is always plenty of activities. There is always something going on." (relative)

No completed questionnaires were returned to RQIA from staff or residents within the specified time scale for inclusion in this report.

Areas of good practice

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

Areas for improvement

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

	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.

The manager outlined the management arrangements in place within the home and stated that 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. Residents and/or their representatives were made aware of how to make a complaint by way of information on display in the home. 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.

A review of accident, incident and 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.

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

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, staff had completed training in deprivation of liberty safeguards (DoLs) legislation.

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 Resident's Guide.

A visit by the registered provider 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, RQIA and any other interested parties to read. An action plan was developed to address any issues identified. The registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

The home has a whistleblowing policy and procedure in place and discussion with the manager confirmed that all staff were aware of the policy. The manager advised that staff could also access the local Health and Social Care Trust to raise concerns, if needed.

Discussion with the manager, residents and staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

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 in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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