



The **Regulation** and
Quality Improvement
Authority

**Sir Samuel Kelly Memorial Eventide
Home**
RQIA ID: 1653
39 Bangor Road
Holywood
BT18 0NE

Inspector: Alice McTavish
Inspection ID: IN024906

Tel: 028 9042 2293
Email: linda.hook@salvationarmy.org.uk

**Unannounced Care Inspection
of
Sir Samuel Kelly Memorial Eventide Home**

23 March 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rgia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 23 March 2016 from 06.05 to 09.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. An area for improvement was identified and is set out in the Quality Improvement Plan (QIP) appended to this report.

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

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the registered manager, Linda Hook, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: The Salvation Army/Elaine Cobb	Registered Manager: Linda Hook
Person in charge of the home at the time of inspection: Pauline Grant, care assistant, until 07.30. Bernie Quinn, team leader, from 07.30 until 09.00. Linda Hook, registered manager, from 09.00.	Date manager registered: 30 September 2008
Categories of care: RC-MP, RC-TI, RC-I, RC-DE	Number of registered places: 40
Number of residents accommodated on day of inspection: 38	Weekly tariff at time of inspection: £546 - £582

3. Inspection focus

On 14 March 2016 information was received by RQIA from an anonymous source raising the following concerns:-

- night staff were getting residents out of bed at a very early hour, sometimes as early as 5am and that these residents, with dementia, were unable to relay this information to their families
- use of plastic plates, bowls and beakers for breakfast which was inappropriate for residents' use
- residents returning from hospital with nursing needs who are receiving support from district nurses or nurses brought in to provide nursing care.

In response to this information, an inspection was undertaken.

4. Methods/processes

Prior to inspection we analysed the following records; the inspection report from the last care inspection and notifications of accidents and incidents.

During the inspection we met with seven residents, two team leaders, four care assistants and the registered manager.

We examined the care records of four individual residents and staff training records.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced finance inspection dated 11 February 2016. The completed QIP was due to be returned and approved by the finance inspector by 22 April 2016.

5.2 Review of requirements and recommendations from the last care inspection

There were no requirements or recommendations from previous inspection.

5.3 Rising times of residents

Is care safe? (Quality of life)

The inspection was undertaken to establish whether residents were being assisted out of bed, washed and dressed at a time not of their choosing and inappropriate to their identified needs and preferences. On arrival at the home we noted that all visible bedroom windows had curtains closed and no lights were on in residents' bedrooms.

The initial focus was to inspect the upstairs premises in which most residents with dementia reside. We found that only one resident was up, washed and dressed. The resident was able to advise us that this was due to illness and was his preference. The staff on duty confirmed that the resident had expressed a wish to get up. One other resident, who resides downstairs, was awake, washed, dressed and lying on top of the bed. The resident was able to express that this was by choice and was part of an established routine. Staff confirmed that was the case and that it was documented within the resident's care records.

By 06.55 another resident had been assisted up, was washed and dressed and was sitting comfortably in an armchair in the bedroom. The resident confirmed that this was due to individual choice and part of her preferred morning routine. This was further confirmed through inspection of the resident's care plan.

Between 07.15 and 08.00 another three residents were noted to be up. One was unable to indicate whether this was by choice, however, the care records reflected that this was the resident's known preference for rising. The other two residents confirmed that it had been their choice to rise early and that they were happy with this arrangement.

Between 08.00 and 09.00 a number of residents were observed to be getting up. After 09.00, two residents remained in bed and it was confirmed that this was part of the daily routine of these residents.

Is care effective? (Quality of management)

The care records inspected contained a separate care plan for night time needs. We noted that the needs of each individual resident were recorded in great detail and specified residents' preferences for rising and retiring times. The quality of the information detailed within the care plans was to be commended.

Is care compassionate? (Quality of care)

During the inspection we observed many examples of warm and supportive interactions between residents and staff. In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect, even when staff were unaware of our presence. Care duties were conducted at an unhurried pace.

Staff advised us that they were not pressured to complete care tasks for the convenience of their colleagues and that meeting the needs of the residents remained their central priority.

We found no evidence to indicate that residents were being assisted out of bed, washed and dressed at a time not of their choosing and inappropriate to their identified needs and preferences. This concern was not substantiated.

Use of plastic plates, bowls and beakers for breakfast

Is care safe? (Quality of life)

In our inspection of the premises we identified that the tables in the downstairs dining areas were attractively laid and that crockery was used. In the dining areas upstairs, the tables were attractively laid using robust plastic tableware. This was coloured red or blue and was in good condition and very clean. Staff confirmed that the use of this tableware was designed to assist people with dementia to identify food as it makes a sharper contrast than against white crockery. In addition, the tableware was lighter and proved easier for residents to move and manage. Staff confirmed that residents were also given to option to use crockery but that all the residents currently accommodated had chosen to use the coloured tableware.

Is care effective? (Quality of management)

Staff confirmed that an additional benefit of using such tableware was that residents may sustain less harm should items be thrown in the dining room.

Is care compassionate? (Quality of care)

Residents were observed taking hot drinks from the plastic mugs whilst waiting for breakfast to be served. Residents did not appear to be experiencing any difficulty with the tableware.

We found no evidence to indicate that the use of plastic plates, bowls and beakers for breakfast was inappropriate for residents' use. This concern was not substantiated.

Residents returning from hospital with nursing needs who are receiving support from district nurses or nurses brought in to provide nursing care

This area was not examined as it was considered within the previous care inspection. No requirements or recommendations had been made with regard to this area of care.

Areas for improvement

No areas for improvement were identified within the areas inspected.

Number of requirements:	0	Number of recommendations:	0
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RQIA advised the South Eastern Health and Social Care Trust of the concerns raised and of the inspection findings. The Trust confirmed that they were not aware of any current concerns regarding this service.

5.4 Additional areas examined**5.4.1 Residents' views**

We met with seven residents individually. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "I find the care to be very good here. I am very happy."
- "They (staff) are very good to me here."
- "They are good to me and treat me well."
- "I am very glad to be here, for they are kind to me and treat me well."
- "The girls (staff) are very good to me and do a good job."

5.4.2 Staff views

We met with two team leaders, four care assistants and the registered manager. Staff indicated to us that they felt well supported by training and are given the necessary

resources to fulfil their duties. The staff members were able to demonstrate familiarity with the individual needs and preferences of the residents.

5.4.3 Environment

We found the home to be clean and tidy. Décor and furnishings were of a good standard.

5.4.4 Staffing

At the time of inspection the following staff members were on duty:

- 3 x care assistants (one in charge)

Two team leaders and five care assistants came on duty at 07.30 for the day shift. The registered manager was also on duty from 09.00. Two team leaders and five care assistants were scheduled to be on duty in the evening. The registered manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

5.4.5 Competence and capability assessments

We examined the staff training records of the staff members who were left in charge of the home on the overnight shifts. Whilst we were satisfied that the staff members had received all necessary training, we made a recommendation that a separate competence and capability assessment should be devised for all staff who are left in charge of the home in the absence of the registered manager.

Areas for improvement

We identified one area of improvement within the additional areas examined. This related to competence and capability assessments for staff who are left in charge of the home in the absence of the registered manager.

Number of requirements:	0	Number of recommendations:	1
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6 Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Linda Hook, registered manager, 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.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and 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. Once fully completed, the QIP will be returned to RQIA's office 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 home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Recommendations			
Recommendation 1	The registered manager should ensure that a separate competence and capability assessment is devised for all staff who are left in charge of the home in the absence of the registered manager.		
Ref: Standard 23.7			
Stated: First time	Response by Registered Person(s) detailing the actions taken:		
To be completed by: 31 May 2016	<i>Home Manager in process of putting in place an assessment as requested</i>		
Registered Manager completing QIP	<i>[Signature]</i>	Date completed	20-4-16.
Registered Person approving QIP	<i>[Signature]</i>	Date approved	20/4/16
RQIA Inspector assessing response	Alice H. Travis	Date approved	23/5/16.

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