

Unannounced Care Inspection Report 1 November 2016



York House

Type of service: Residential care home
Address: 13-14 Lansdowne Crescent, Portrush, BT56 8AY.
Tel No: 0287082 3567
Inspector: John McAuley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of York House took place on 1 November 2016 from 10:15 to 14:00 hours.

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

Is care safe?

There were examples of good practice found throughout this inspection in relation to how in practice competency and capability assessments were undertaken.

No requirements or recommendations were made in relation to this domain.

Is care effective?

There were examples of good practice found throughout this inspection in relation to a person centred approach to care.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

There were examples of good practice found throughout this inspection in relation to how residents were listened to, valued and communicated with in an appropriate manner.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout this inspection in relation to the management arrangements and governance systems in place within the home.

No requirements or recommendations were made in relation to this domain.

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

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Hazel Walker, Registered 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.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 21 September 2016.

2.0 Service details

Registered organisation/ registered person: Linda May Wray	Registered manager: Hazel Walker
Person in charge of the home at the time of inspection: Hazel Walker	Date manager registered: 1 April 2005
Categories of care: I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH (E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: 32

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and accident and incident notifications.

During the inspection the inspector met with 15 residents, five members of staff of various grades and the registered manager.

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
- Two residents' care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Infection control register/associated records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 21 September 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 18 April 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 19.2 Stated: First time To be completed by: 18 July 2016	The registered person should ensure that the checklist to confirm that each staff member recruited is in accordance with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 is maintained accurately with no omissions. This is with particular reference to physical and mental health assessment and unexplained employment gaps.	Met
	Action taken as confirmed during the inspection: No new members of staff have been recruited since this inspection. However the registered manager confirmed that this has been dealt with in liaison with the organisation's personnel department.	
Recommendation 2 Ref: Standard 16.1 Stated: First time To be completed by: 18 July 2016	The registered person should update/ revise the policy and procedure on adult safeguarding to include the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015). In updating this policy and procedure the home need to establish a safeguarding champion and include contact details of aligned Trust.	Met
	Action taken as confirmed during the inspection: This policy and procedure has been revised accordingly.	

Recommendation 3 Ref: Standard 20.2 Stated: First time To be completed by: 18 August 2016	The registered person should implement the Falls Prevention Toolkit as issued by the Public Health Agency. This is to be used as guidance to improve post falls management within the home. This needs to be disseminated with staff in the home.	Met
	Action taken as confirmed during the inspection: This guidance has been put in place accordingly.	

4.3 Is care safe?

The registered 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 and staff. Staffing levels at the time of this inspection consisted of;

- 1 x registered manager
- 3 x senior care assistants
- 3 x care assistants
- 2 x domestics
- 1 x laundress
- 1 x cook
- 1 x catering assistant
- 1 x activities co-ordinator plus 1 x activities volunteer
- 1 x administrator
- 1 x maintenance man

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

An inspection of a sample of a completed induction record 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 registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of completed staff competency and capability assessments was reviewed and found to satisfactory. At the time of this inspection a senior care assistant was undergoing this assessment after a period of long term absence. This process included scheduled supernumerary time to help gain awareness of residents' assessed needs and care plans. This is to be commended.

Discussion with the registered manager confirmed that no new staff have been recruited since the previous inspection. Therefore staff personnel files were not reviewed on this occasion.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered 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.

Inspection of a sample of two residents' care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

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 and that this training was planned to be updated later this month. 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. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with 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. The home was found to be clean and tidy. However many areas had dated and tired furnishings and décor but were fit for purpose. Externally the paintwork and windows were marked by bird excrement despite extensive efforts by the home to tackle this.

The home had an up to date fire risk assessment in place dated 12 May 2016. Subsequent evidence was in place to confirm that the six recommendations made from this assessment had been addressed.

Review of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually.

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 on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

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

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

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

An inspection of two residents' care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident.

Care needs assessment and risk assessments such as nutrition and falls were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be 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.

Discussion with the registered manager and staff confirmed that a person centred approach underpinned practice. For example it was described how one resident who likes to have their meals in their room was facilitated and how particular preferences and choices were facilitated. This was also documented clearly in this resident's care records and further evidenced from discussions with this resident.

Care records were stored safely and securely in line with data protection.

The registered 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. Evidence of such audits were contained within the monthly monitoring visit reports.

The registered 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.

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. These were found to be appropriately maintained.

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.

Arrangements were in place, in line with the legislation, to support and advocate for residents. These arrangements were displayed in the reception area of the home.

Areas for improvement

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

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

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.

The inspector met with 15 residents during this inspection. All confirmed that they were happy with their life in the home, their relationship with staff and the provision of meals. Some of the comments made included statements such as;

- “Things are absolutely wonderful here, the staff are all very kind and there is a lovely atmosphere”
- “This is a great place. they look after us well and I have no worries”
- “I am very happy here”
- “The food is lovely, nicely prepared with good choice, the cooks all know what I like”

Residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home, as found from inspection of two care records and discussions with residents.

Observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff interactions with residents were found to be polite, friendly, warm and supportive.

The registered 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. Examples of this were on how residents were engaged in the home transferring to Garvagh.

Observation of practices confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff, such as call bells being answered promptly.

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 quality assurance questionnaires were reported to being sent out to residents’ representatives to add to the home’s annual quality assurance report.

The inspector met with five members of staff of various grades on duty at the time of this inspection. All spoke on a positive basis about their roles, duties, teamwork, and provision of care.

One of the comments made included the statement;

“The home is an extension of my family. I just love working here”.

Discussion with staff and observation of practice confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example at the time of this inspection a group of residents were engaged in a planned craft activity for which they were found to gain enjoyment from. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example a number of residents recently went to see their new home being developed in Garvagh. This visit included meeting members of the local community and engaging residents in alleviating any concerns. This is to be commended.

Areas for improvement

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

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

The registered manager outlined the management arrangements and governance systems in place within the home. 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.

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 and information displayed. Discussions with the registered manager confirmed she was knowledgeable about how to receive and deal with complaints.

An inspection 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.

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

Staff were provided with mandatory training and an inspection of these records confirmed these to be maintained on an up to date basis.

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. An inspection of the reports for September and October 2016 found these to be maintained in an informative detailed basis with good evidence of governance.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with the registered manager identified that she had good understanding of her role and responsibilities under the legislation.

Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

Review of records and discussion with the registered 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 they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home. Staff spoke on a positive basis about their roles, duties, training and teamwork and that management were responsive to suggestions and/or concerns raised.

Areas for improvement

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

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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