



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	York House
Establishment ID No:	1693
Date of Inspection:	16 April 2014
Inspector's Name:	John McAuley
Inspection No:	17551

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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GENERAL INFORMATION

Name of Home:	York House
Address:	13-14 Lansdowne Crescent Portrush BT56 8AY
Telephone Number:	0287082 3567
E mail Address:	hwalker@pcibsw.org
Registered Organisation/ Registered Provider:	Mrs Linda May Wray Presbyterian Board of Social Witness
Registered Manager:	Mrs Hazel Elizabeth Mary Walker
Person in Charge of the home at the time of Inspection:	Mrs Hazel Walker
Categories of Care:	RC-I ,RC-MP(E) ,RC-PH (E), RC-DE
Number of Registered Places:	32
Number of Residents Accommodated on Day of Inspection:	26
Scale of Charges (per week):	As per agreement with NHSC Trust
Date and type of previous inspection:	27 August 2013
Date and time of inspection:	16 April 2014 11.45am – 3.15pm
Name of Inspector:	Mr John McAuley

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

Purpose of the Inspection

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and its subsequent Quality Improvement Plan.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

York House Voluntary Residential Home is located in a residential area of Portrush and is managed by the Presbyterian Residential Trust.

The home is a four storey building which can accommodate up to 32 residents. Accommodation is provided in 30 single and one double bedroom; two flats at the rear of the home, which were previously registered, have now been de-registered and are used for a staff room, and for storage. Other facilities provided in the home include two lounges, a dining room, kitchen, laundry, bathroom / shower / toilet facilities, staffroom and two offices.

Recently, the premises have been undergoing significant remodelling to ensure that they comply fully with HTM84. This work has now been completed. All floors in the home can be accessed by use of a passenger lift or stairs.

To the rear of the building area, there are two enclosed areas where residents can enjoy the outdoors, and from the front of the building, there is a panoramic view of the sea and the beach.

Summary of Inspection

This inspection to York House was a secondary unannounced inspection, carried out by an inspector from RQIA on 16 April 2014. This summary reports on the position of the home at the time of this inspection.

In charge of the home at the time of this inspection was the Registered Manager Mrs Hazel Walker, who was readily available for discussion and clarification, including verbal feedback of inspection findings at its conclusion.

The previous inspection to the home was an announced inspection on 27 August 2013. No requirements or recommendations were made as a result of that inspection.

During this inspection, the inspector met with residents, staff and one visiting professional, reviewed documentation, observed care practices and looked at the general environment.

The focus of this inspection was the DHSSPS Residential Care Homes Minimum Standard 9 on Health and Social Care. A review of residents' care records found these to be maintained in an informative, accessible, up-to-date basis. Supporting evidence was in place that issues of assessed need have a corresponding statement of care / treatment given, with effect of same. This includes referral(s) to the appropriate health and social care professional(s). Discussions with staff on duty at the time of this inspection revealed they had knowledge and understanding of residents' health and social care needs. One recommendation has been made in respect of further developing documentation particular to resuscitation orders in line with good practice. Otherwise this standard has been overall assessed as compliant.

Additional Matters Examined.

Residents' Views

The inspector met with seventeen residents at the time of this inspection. All commented on a positive and complimentary basis about the provision of care, and the kindness and support received from staff and management.

Some of the comments made included statements such as:

"I love it here"

"Everything is absolutely wonderful"

"The staff and Hazel (the manager) are all marvellous"

"I am glad I came here"

"It's a lovely home"

"There are no problems here"

No concerns were expressed or indicated

General Environment

The home was found to be clean and tidy at the time of this inspection. The general décor and furnishings in many areas of the home were of a tired, dated appearance although fit for purpose.

Care Practices

At the time of this inspection residents were found to be comfortable, content and at ease in their environment and interactions with staff. Residents had enjoying an appetising, well-presented dinner time meal and later that afternoon a number of residents were engaged in a religious service by a visiting clergyman. Other residents were found to be relaxing, enjoying one another's company or going out for short walks. Two residents were in bed due to frail health.

Staff interactions with residents were observed to be polite, friendly, warm and supportive. Care duties were undertaken at an unhurried, organised pace.

Staff Views

The inspector met with three members of staff of various grades on duty at the time of this inspection. All spoke in positive terms about their roles, duties, teamwork and managerial support. Staff informed the inspector that they felt a good standard of care was provided for and no concerns were expressed.

Visiting Advocacy

The inspector met with a visiting advocate for residents. This person expressed compliments about the provision of care in the home and the overall atmosphere and ambience in the home, when visiting it.

No concerns were expressed.

Monitoring Visits

The report of the most recent monitoring visit on the behalf of the registered provider was reviewed on this occasion. This report was found to be maintained in an informative manner and in accordance with legislation.

The inspector would like to acknowledge the support and assistance received throughout this inspection from residents, staff and registered manager.

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed:	COMPLIANCE LEVEL
9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	
Inspection Findings:	
A review of a sample of five residents care records confirmed that contact details of the residents' aligned GP and their aligned health care professionals were appropriately maintained. Evidence was also in place to confirm that as applicable a resident is provided with information on the choice of GP services in the locality and is assisted in registering with same.	COMPLIANT
Criterion Assessed:	COMPLIANCE LEVEL
9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	
Inspection Findings:	
Discussions with staff on duty, together with a review of residents' care records, confirmed that staff has understanding and knowledge of the general health and social care needs of residents.	COMPLIANT
One issue was identified in respect of one resident's care records which included reference to resuscitation care. However there was no corresponding documentation to support such request, in line with good practice guidelines. A recommendation has been made for this to be acted upon accordingly.	

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: A review of residents' care records found that the progress records of residents' general health and well-being was monitored and recorded appropriately. Evidence was in place to confirm that issues of assessed need had a corresponding statement of care / treatment given and effect of same. This included referral to the aligned health care professional(s).....</p>	<p align="center">COMPLIANT</p>
<p>Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: The resident's representative is encouraged as appropriate to be involved in the referrals to health and social care appointments. .Contact with the resident's representative is appropriately recorded, including feedback from such appointments.</p>	<p align="center">COMPLIANT</p>

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed:	COMPLIANCE LEVEL
9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	
Inspection Findings:	
The home maintains a matrix of dates of residents' health care screening and appointments with aligned health care professionals.	COMPLIANT
Criterion Assessed:	COMPLIANCE LEVEL
9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	
Inspection Findings:	
General observations at the time of this inspection, found that residents' aid, appliance and personal equipment were maintained appropriately to provide maximum benefit for the resident.	COMPLIANT

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with the Registered Manager Mrs Hazel Walker, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Mr. John McAuley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3B



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Quality Improvement Plan

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16 April 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the Registered Manager Mrs Hazel Walker either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	DHSSPS Nursing Homes Minimum Standards 2008 Standard 20.3	<p>The resuscitation policy is in line with the Resuscitation Council (UK) guidelines and includes and a section on ethical / legal issues, "Do not resuscitate" situations and the review of resuscitation decisions.</p> <p>Reference to this is made in respect of this identified resident's need and the lack of corresponding and clear documentation in place to support the "do not resuscitate" statement. This needs to be revised so that clear guidance is in place and same is put in place in accordance with the above guidelines.</p>	Once	<p>Policy on Resuscitation including information regarding DNAR. (In Place)</p> <p>Decisions recommended by Doctors and after consultation with the resident regarding DNAR are clearly recorded on documentation from the clients GP and placed prominently on Individual resident's file.</p> <p>All details recorded on Individual Care Plans.</p>	16 June 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Hazel Walker
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	<i>Linda M. Wray</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	<i>Yes</i>	<i>DM</i>	<i>25/8/14</i>
Further information requested from provider			