

Unannounced Care Inspection Report 18 April 2016



York House

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Inspector: John McAuley

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of York House took place on 18 April 2016 from 10:15 to 14:30 hours.

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

Is care safe?

There were two areas of improvement identified with this domain. These were in relation to the ensuring that staff recruitment checklists are completed in full and updating the adult safeguarding policy and procedure.

Is care effective?

No requirements or recommendations were made in this domain.

Is care compassionate?

No requirements or recommendations were made in this domain..

Is the service well led?

There was one area of improvement identified in this domain. This was in relation to implementing the Falls Prevention Toolkit.

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	3

Details of the QIP within this report were discussed with Hazel Walker the Registered 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.

1.2 Actions/enforcement taken following the most recent inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/ registered person: Linda May Wray	Registered manager: Hazel Elizabeth Mary Walker
Person in charge of the home at the time of inspection: Hazel Walker	Date manager registered: 1 April 2005
Categories of care: RC-DE, RC-PH(E), RC-I, RC-MP(E)	Number of registered places: 32
Weekly tariffs at time of inspection: £494	Number of residents accommodated at the time of inspection: 26

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 18 residents, five staff members, and one resident's visitor/ representative.

The following records were inspected during the inspection:

- statement of purpose
- residents' guide
- staff recruitment documentation
- safeguarding policy and procedure
- accident and incident notifications
- induction records
- staff training records
- complaints and compliments records
- a sample of four residents' care records
- quality assurance audits
- monitoring reports
- fire safety records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 12/11/2015

The most recent inspection of the home was an unannounced medicines management inspection dated 12 November 2015. The completed QIP was returned and approved by pharmacist the inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 28/8/2015

There were no requirements of recommendations made as a result of the last care inspection.

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.

On the day of inspection the following staff were on duty;

- registered manager
- an administrator
- 1 x senior care assistant
- 3 x care assistants
- 1 x domestic
- 1 x laundry worker
- 1 x cook
- 1 x catering assistant
- 1 x maintenance person.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff. These were relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. 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.

Staff recruitment records are held centrally at the organisation's head office. The human resource department send the registered manager a checklist to confirm that each staff member recruited is in accordance with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. A review of five of these checklists found there were omissions in

respect of physical and mental assessment and unexplained employment gaps. A recommendation has been made for this confirmation list to be reviewed accordingly.

Details of Enhanced Access NI disclosures were in place in the checklists issued from the human resource department. These were also viewed by the registered manager for all staff prior to the commencement of employment.

The adult safeguarding policy and procedure in place was dated 18 December 2014. A recommendation was made for this policy and procedure to be updated 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.

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, review of care records and review of complaints 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 of referrals were retained.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges, dining room and bathrooms. Residents' bedrooms were personalised with photographs, pictures and personal items. The home was clean and tidy and appropriately heated. The dining room had recently been upgraded with a new floor covering. The general décor and furnishings in many areas of the home were dated but fit for purpose. Discussion with a domestic assistant confirmed that daily work schedules were in place.

Inspection of 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 infection prevention and control procedures.

There were observed to be no obvious restrictive care practices in place at the time of this inspection.

Inspection of four residents' care records confirmed that there was a system of referral to the multi-disciplinary team when required. Issues of assessed need had a recorded statement of care/ treatment given with effect of same. This included referral to the appropriate healthcare professional.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated, 20 May 2015, identified that the two recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed and records 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 checks were maintained on an up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

There were two areas of improvement identified with this domain. These were in relation to the ensuring the staff recruitment checklists are maintained in full and updating the adult safeguarding policy and procedure.

Number of requirements:	0	Number of recommendations:	2
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4.4 Is care effective?

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

A review of four residents' care records confirmed that these were maintained in line with the legislation and standards. They included 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 records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs.

Observations confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and aligned healthcare professionals. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers.

Observations and discussion with the registered manager confirmed that management operated an open door policy in regard to communication within the home.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of the care review meetings were available for inspection.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents. A poster of the availability of this was displayed in the home.

Areas for improvement

No areas for improvement were identified with this domain.

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

Discussions with the registered manager and staff confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussions with residents were all positive in respect of their life in the home, their relationship with staff, the provision of activities and the provision of meals. Some of the comments made included statements such as:

- “They are all very kind to everyone here”
- “My family and I are relieved that I am in York House”
- “The meals are lovely. There is always a choice”
- “The care is excellent. I wouldn’t have the patience the staff have”
- “You couldn’t get any better looked after”
- “The staff are brilliant”
- “I love it here. I am very happy and enjoy the company”

A discussion with one visiting resident’s representative at the time of this inspection was complimentary in regard to the provision of staff and the kindness and support afforded by staff. The comments included a statement such as:

- “The home is absolutely marvellous”

Observations and review of care records confirmed that residents’ spiritual and cultural needs were met within the home.

Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

Observations of staff/ residents interactions found that residents were treated with dignity and respect. Care practices such as provision of choice and explanation of tasks were observed. Staff confirmed their awareness of promoting residents’ independence and of maintaining dignity. Staff interactions with residents were found to be polite, friendly, warm and supportive.

Observations and discussion with residents and staff confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with one resident's representative confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. This was also observed in practice with the prompt response to call alarms.

There were systems in place to ensure that the views and opinions of residents and their representatives were sought and taken into account in all matters affecting them.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Areas for improvement

No areas for improvement were identified with this domain.

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

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. Evidence was found that expressions of dissatisfaction were taken seriously and managed appropriately.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

The registered manager confirmed the home had 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. Review of these audits found the learning from these was limited.

A recommendation was made for the Falls Prevention Toolkit as issued by the Public Health Agency to be used as guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The report was produced and made available for residents, their representatives, staff, trust representatives and RQIA. The last three months reports were inspected. These were recorded in detail with evidence of good governance arrangements.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home. This included monthly management reports to the registered provider.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability.

Inspection of the premises confirmed that the home's certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

Areas for improvement

There was one area of improvement identified in this domain. This was in relation to implementing the Falls Prevention Toolkit.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Hazel Walker the 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk 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 establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: 18 July 2016</p>	<p>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.</p> <p>Response by registered person detailing the actions taken: Home Manager has advised Personnel Department that all details on recruitment checklist must be completed before any new staff commence employment. Home Manager will also check details on receipt.</p>
<p>Recommendation 2</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 18 July 2016</p>	<p>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.</p> <p>Response by registered person detailing the actions taken: Policy and Procedure on Adult Safeguarding being updated to include Adult Safeguarding Prevention Protection in Partnership guidance and will be finalised by 1st July 2016.</p>
<p>Recommendation 3</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2016</p>	<p>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.</p> <p>Response by registered person detailing the actions taken: Falls Prevention Toolkit will be implemented from 1st July 2016 following staff training and guidance.</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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