

# Unannounced Care Inspection Report 19 September 2017



## York House

**Type of Service: Residential Care Home**  
**Address: 13-14 Lansdowne Crescent, Portrush, BT56 8AY**  
**Tel No: 028 7082 3567**  
**Inspector: John McAuley**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 32 beds that provides care for residents under the categories of care detailed in its certificate of registration.

The home is planned for closure with relocation to a new care facility.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Presbyterian Council of Social Witness <b>Responsible Individual(s):</b> Linda Wray	<b>Registered Manager:</b> Hazel Walker
<b>Person in charge at the time of inspection:</b> Hazel Walker	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) 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	<b>Number of registered places:</b> 32

### 4.0 Inspection summary

An unannounced care inspection took place on 19 September 2017 from 10:30 to 13:00 hours.

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

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, supervision and adult safeguarding. Good practice was also evidenced with care records, the governance arrangements and maintenance of good working relationships.

Added to this, particular good practice was found with the arrangements the home had in place with residents, their representatives and aligned health care professionals in their planned relocation to the new home in Garvagh.

No areas requiring improvement were identified during this inspection.

Feedback from residents throughout this inspection was all positive and complimentary about the provision of care and their relationship with staff. Interactions with residents were polite, friendly, warm and supportive, with a nice homely atmosphere in place.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. 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.

## 4.2 Action/enforcement taken following the most recent inspection

No further actions were required to be taken following the most recent inspection on 2 June 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and notifiable incident reports.

During the inspection the inspector met with 17 residents, six staff of various grades, one resident's visitor and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Staff training schedule/records
- Two residents' care files
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings/representatives' / other
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 2 June 2017

The most recent inspection of the home was an unannounced medicines management inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 11 April 2017

There were no areas for improvements made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

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.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with the registered manager and staff 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 and supervision of staff was regularly provided. A schedule for mandatory training and staff supervision was maintained and was inspected.

The registered manager and staff advised 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.

The home's recruitment and selection policy and procedure was in line with current legislation and best practice. Discussion with the registered manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The registered manager reported that no new members of staff have been recruited to the home, since the previous inspection.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken to advised that they were registered with the Northern Ireland Social Care Council (NISCC).

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

Discussion with staff confirmed that they were aware of the 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. An inspection 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 if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Inspection of 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.

The home's infection prevention and control (IPC) policy and procedure 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. Discussion with staff established that they 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, 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 among residents, staff and visitors. 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.

The general décor and furnishings throughout the home were tired and dated but fit for purpose. The home itself was clean and tidy, fresh smelling and appropriately heated.

There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 17 May 2017. The three recommendations made from this were noted to be appropriately addressed.

Inspection 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 of good practice

There were examples of good practice found throughout this inspection in relation to staff training, supervision and adult safeguarding.

### Areas for improvement

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.5 Is care effective?

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

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

An inspection 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. Residents' progress records with identified issues of assessed need had a corresponding recorded statement of care / treatment given with effect(s) of same.

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. Care records reviewed were observed to be signed by the resident and / or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. This was reflected by staff knowledge and understanding of residents' individual needs.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Records were stored safely and securely in line with data protection.

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. These included care record audits and monthly monitoring visits.

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. Staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

An inspection 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 this inspection in relation to care records and communication between residents, staff and other key stakeholders.

**Areas for improvement**

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 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.**

The inspector met with all the residents in the home at the time of this inspection. In accordance with their capabilities all residents confirmed that they were happy and content with their life in the home, their relationship with staff, the provision of meals and the provision of activities. Some of the comments made included statements such as;

- “They are all lovely here. It’s a wonderful home”
- “I’m treated like a lady here. The staff are brilliant and I am looking forward to the move to the new home in Garvagh. As long as the staff are like they are here”
- “The staff are very good. You couldn’t ask for better”
- “I am looking forward to the new home in Garvagh. We all received a letter yesterday about it. It will be much easier to get around in it”

The inspector also met with one visiting relative, who spoke highly of the provision of care and the kindness and support afforded by staff.



A range of policies and procedures were in place which supported the delivery of compassionate care.

Discussion with residents and staff confirmed that residents' spiritual and cultural needs, including preferences for end of life, were met within the home.

Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced with inspection of care records.

Residents and staff confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

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. It was explained how residents have been orientated to the new home, informed of details of this and are being facilitated in choice of bedrooms and décor. This is all good practice and discussion with residents found that such planning around the move brought them great reassurance.

Discussion with residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. For example staff were observed to be readily available to assist with residents' mobility needs.

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. These included care review meetings, monitoring visits and day to day contact with management.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read, with an action plan as appropriate.

Discussion with residents, staff and observation of practice confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents at the time of this inspection were relaxing enjoying the company of one another, watching television and/or reading. Arrangements were in place for residents to maintain links with their friends, families and wider community.

### **Areas of good practice**

There were examples of good practice found throughout this inspection in relation to feedback from residents and general observations of care practices and atmosphere in the home.

### **Areas for improvement**

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 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 registered manager confirmed 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.

The registered manager explained arrangements she was managing in the residents' transition to the new home, such as registering with a new GPs, medicine management and care records. This was good practice.

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 on same displayed. Discussion with the registered manager confirmed that she was knowledgeable about how to receive and deal with complaints.

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. 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.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection 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.

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

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. The reports of July and August 2017 were inspected and found to be maintained in informative detail.

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.

There was evidence of managerial staff being provided with additional training in governance and leadership. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

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 Residents Guide.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

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.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

### Areas of good practice

There were examples of good practice found throughout this inspection in relation to the governance arrangements and maintenance of good working relationships.

### Areas for improvement

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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