



The Regulation and
Quality Improvement
Authority

York House
RQIA ID: 1693
13-14 Lansdowne Crescent
Portrush
BT56 8AY

Inspector: John McAuley
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**Unannounced Care Inspection
of
York House**

28 August 2015

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.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 28 August 2015 from 10:30am to 2pm. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. No areas for improvement were identified during this inspection.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. 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: 1/4/2005
Categories of Care: RC-DE, RC-PH(E), RC-I, RC-MP(E)	Number of Registered Places: 32
Number of Residents Accommodated on Day of Inspection: 25	Weekly Tariff at Time of Inspection: £470

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/ Process

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

- Prior to inspection we analysed the following records; notification reports and previous inspection report.
- During the inspection we met with twenty residents, four staff members, the registered manager and three visiting relatives.

We inspected the following records; five residents' care records, complaints records, fire safety records and policies and procedures and aligned guidance available to the standards inspected.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 27 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

No requirements or recommendations resulted from the primary unannounced inspection on 27 January 2015.

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

Residents can and do spend their final days of life in the home. This is unless there is a documented health care need that prevents this.

In our discussions with staff in respect of this area of care, they advised that they considered care as compassionate. Staff confirmed how with the resident's wish, other residents and staff who wished to comfort a resident who was dying were enabled to. Other residents and staff have the opportunity to pay their respects and are provided with support if needed.

Staff also explained to us that other residents are informed in a sensitive manner of the death of a resident.

We noted that within the home's policy, when a death of a resident occurs, their belongings are handled with care and respect. The room is permitted to be vacant.

The resident's next of kin or family take the lead in dealing with the deceased resident's belongings at a sensitive and convenient time after the burial.

The spiritual needs of the resident were assessed. In our discussions with staff we confirmed they had knowledge and understanding of residents' spiritual requests and choices at this time of care.

Is Care Effective? (Quality of Management)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

A care plan is put in place for any resident who is receiving palliative care by district nursing services.

We inspected five residents' care records and could confirm that a care plan was in place pertaining to this need. Details included arrangements with spiritual care, if so wished.

Is Care Compassionate? (Quality of Care)

The home had a policy and procedure pertaining to death of a resident. This policy and procedure guide and inform staff on this area of care. There is associated guidance available for staff.

Training in this area of care is received in staff induction.

In our discussions with staff they demonstrated that they had knowledge and understanding of how to care for this area of need.

Areas for Improvement

There were no areas of improvement identified with this standard inspected. This standard was found to be fully met. The overall assessment of this standard considered this standard to be compassionate, safe and effective.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

Staff have received training in continence management in their induction. In our discussions with staff they also demonstrated knowledge and understanding of this area of care.

We inspected five residents' care records and found an individualised assessment and plan of care was in place. Issues of assessed need are referred to district nursing services. The district nurse in consultation with the resident and the home prescribes a plan of care. This plan of care includes provision of incontinence aids.

From our observations we found there to be adequate supplies of aprons, gloves and hand washing dispensers. We also observed that call assistance alarms were answered promptly.

In our discussions with staff, general observations together with a review of care records we identified no mismanagement of this area of care, such as malodours or breakdown of skin integrity.

Is Care Effective? (Quality of Management)

The home has a policy and procedure pertaining to the management of continence. There are also associated guidance and information available to staff.

Staff have received training in continence management in their programme of induction.

Identified issues of assessed need are reported to district nursing services, for advice and direction.

Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respected when being assisted by staff. Continence care was undertaken in a discreet private sensitive manner.

Areas for Improvement

There were no areas of improvement identified with this theme inspected. This theme was found to be fully met. The overall assessment of this theme considered this to be compassionate, safe and effective.

Number of Requirements:	0	Number of Recommendations:	0
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Additional Areas Examined

5.5.1 Residents' Views

We met with twenty residents in the home. In accordance with their capabilities all expressed or indicated 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;

“It is excellent here. Everyone is very kind”

“I simply love it here”

“The staff and Hazel (the manager) are all very kind“

“We enjoy a marvellous atmosphere”

“I am happy here; it is the next best thing to being at home”

“There are never any problems. No complaints”.

5.5.2 Relatives' Views

We met with three visiting relatives. All spoke in complimentary terms about the provision of care and the kindness and support afforded from staff. Relatives also expressed good confidence with the care provided.

5.5.3 Staff Views

We met with four staff of various grades, as well as the registered manager. All spoke on a positive basis about the teamwork, morale, workload, training and managerial support. Staff informed us that they felt a good standard of care was provided for.

Eight staff questionnaires were distributed during this inspection for return.

5.5.4 Staffing

The staffing levels at the time of this inspection consisted of;

- One senior care assistant
- Three care assistants
- An administrator and the registered manager

- Catering and housekeeping and laundry staff.

These levels were found to be appropriate to meet the residents' needs, taking account of the layout of the home at the time of this inspection.

5.5.5 General Environment

We found the home to be clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were of a reasonable standard.

5.5.6 Care Practices

Throughout our discreet observations of care practices we noted residents being treated with dignity and respect. Care duties were organised.

Staff interactions with residents were found to be polite, friendly, warm and supportive.

A nice homely atmosphere was in place, with residents being comfortable, content and at ease in their environment and interactions with staff.

An appetising, well presented dinner time meal was provided for.

5.5.8 Fire Safety

We reviewed the home's most recent fire safety risk assessment, dated 20 May 2015.

Fire safety training including fire safety drills were maintained on an up to date basis.

The records of fire safety checks in the environment were well maintained.

We observed no obvious risks within the environment in terms of fire safety, such as wedging opening of doors.

5.5.9 Complaints

A review of the record of complaints together with discussions with the registered manager confirmed that expressions of dissatisfaction are taken seriously and managed appropriately.

Areas for Improvement

There were no areas of improvement identified with these additional areas inspected. The overall assessment of these additional areas examined considered these to be compassionate, safe and effective.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Hazel Walker	Date Completed	21/09/15
Registered Person	Linda Wray	Date Approved	06/10/15
RQIA Inspector Assessing Response	John McAuley	Date Approved	12/10/15

Please provide any additional comments or observations you may wish to make below:

****Please complete in full and returned to care.team@rqia.org.uk from the authorised email address****

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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.