

Unannounced Care Inspection Report 20 April 2016



Karuna

Address: 3-5 Minorca Drive, Carrickfergus
Tel No: 02893360665
Inspector: Ruth Greer

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Karuna residential care home took place on 20 April 2016 from 10.30 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?

No requirements or recommendations were made in regard to safe care. There were examples of best practice found throughout the inspection. These were in relation to infection prevention and control measures and the processes in place the protection of vulnerable adults.

Is care effective?

No requirements or recommendations were made in regard to effective care. There were examples found throughout the inspection of best practice. These were in relation to the robustness of the monthly monitoring visits and the level of effective communication with residents.

Is care compassionate?

No requirements or recommendations were made in regard to compassionate care. There were many examples found throughout the inspection of the underpinning values of dignity and independence in the planning and the delivery of the care.

Is the service well led?

No requirements or recommendations were made in regard to a well led service. There were examples found throughout the inspection of thorough monitoring processes in place. Audits of the care provision included the involvement of the organisation in control, outside professionals and the residents and families.

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 Heather Wright 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 care inspection

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

2.0 Service details

Registered organisation/registered person: Ms Eileen Marian Thomson	Registered manager: Mrs Heather Denise Wright
Person in charge of the home at the time of inspection: Heather Wright	Date manager registered: 1 April 2005
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 9
Weekly tariffs at time of inspection: From £789.92 to £1114.04	Number of residents accommodated at the time of inspection: 9

3.0 Methods/processes

Prior to inspection the following records were analysed:

- The previous inspection report
- Notifications of accidents /incidents
- The annual quality review report forwarded to RQIA in March 2016

During the inspection the inspector met with eight residents, four care staff, one domestic staff and one administrative staff.

The following records were examined during the inspection:

- Statement of purpose
- Residents' Guide
- Staff training
- Complaints and compliments
- Fire awareness
- Staff induction
- Policy on adult safeguarding
- Policy on whistle blowing
- Policy on recruitment and selection
- Policy on staff induction
- Policy on accidents/incidents
- Four residents' care files
- Competency and capability assessments for senior staff
- A sample of quality assurance audits

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 6 April 2016

The most recent inspection of Karuna was an unannounced medicines management inspection. The subsequent quality improvement plan (QIP) contained two recommendations. The returned QIP was received at the RQIA before the agreed date of the 7 May 2016 and the actions outlined therein were accepted as appropriate by the pharmacy inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 17 November 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
- Practice leaders x 2
- Support workers x 2
- Day activity coordinator x1
- Administrator x 1
- Housekeeper x 1

Review of induction records and 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 and a review of returned staff views questionnaires confirmed that mandatory training and supervision/ 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. Records of competency and capability assessments were retained in the home. A sample of staff competency and capability assessments were reviewed. These were found to be comprehensive and robust. It was noted that training for staff who undertake management of the home in the absence of the manager included B.I.R.T. (Be Inspection Ready Training). This is a good initiative and is commended.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice.

Discussion with the registered manager confirmed 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 human resource department. Written confirmation is forwarded to the manager from human resources that all checks are in place prior to any new employees' commencement of employment.

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. The manager regularly audits that staff registration status of staff members remains current.

The adult safeguarding policies and procedures in place were inspected and were found to be consistent with current regional guidance. There were several policies in place for staff guidance. These included generic organisational policies and a separate policy more specific to the residential home. In addition individual practice guides had been developed and distributed to every staff member in respect of safeguarding policy/procedures. The information presented for staff as a "ready reckoner" and included 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 new regional adult safeguarding guidance (Adult Safeguarding Prevention 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 to 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, review of care records and review of complaints confirmed that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges, bathrooms. All residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. Discussion with the house keeper confirmed that daily work schedules were in place.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Most recently the manager had attended a day's training provided by the Infection Prevention Society. Discussion with staff members established that they were knowledgeable and had understanding of IPC policies and procedures. 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 IPC procedures. Representatives of the organisation in control, independent of the home, undertake quarterly health and safety management audits. The report of the audit undertaken on 19 April 2016 was reviewed by the inspector. This was found to include robust monitoring of the home's arrangements for all areas of infection prevention and control. There was evidence that any matters raised as a result of this audit had been actioned as recommended.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments for example bed rails and wheelchair lap straps were reviewed and updated on a regular basis or as changes occurred.

A review of the policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans (where required) were devised by specialist behaviour management teams from the Trust and that the behaviour management plans were regularly reviewed and updated as necessary.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly.

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, 26 May 2015, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed most recently on 11 February 2016 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 were checked regularly. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

There was a very good standard of care found in the areas examined. The requirements of the legislation and standards are well met.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

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 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 files included a “communication passport” This document contained information in regard to “things that are important to me”, “things you need to know about me” and “my likes and dislikes”. The document is sent with any resident who has to attend hospital. The front page states “*Nursing/medical staff please look at this before you do any interventions with me*”. This is excellent practice for residents who have little or no verbal communication.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who had issues with mental capacity/who required specialist supports. A specialist counsellor (outside professional) provides an independent one to one service for any resident in the home who is referred to her. One resident has recently requested this service. The home has also participated in a recent pilot scheme with MENCAP.

The care records reflected multi-professional input into the residents’ health and social care needs.

The registered manager confirmed that 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. Further evidence of audits was contained within the monthly monitoring visits reports and the annual quality report. The monthly visits in line with regulation 29 were reviewed and found to be thorough and robust. These take place over a two day period.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home. One staff member told the inspector that “I wouldn’t hesitate to approach Heather (manager) with anything”

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

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 residents’ representative meetings were available for inspection.

One resident informed the inspector that he had nominated a member of staff (identified to the inspector) for an award for her care because “she makes me feel good about myself”

There was evidence that, in relation to effective communication on behalf of residents, that the minimum standards were exceeded.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

The registered manager 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.

Review of the home’s policies and procedures confirmed that appropriate policies were in place to direct and support a compassionate approach to the delivery of care. Discussion with staff and residents confirmed that residents’ spiritual and cultural needs, were met within the home.

The registered manager confirmed that consent was sought in relation to care and treatment. Residents, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ independence and of maintaining dignity. Staff were also able to demonstrate how residents’ confidentiality was protected. There were many examples found to evidence the home’s ethos to the promotion of dignity, independence, privacy and fulfilment. All residents have a post box attached to the wall outside their bedroom door. Each resident has a key and can independently access any personal mail.

There is a front door knocker on each bedroom door which staff knock before requesting permission to enter. One resident who was wheelchair dependent told the inspector that he was getting a remote control device by which he could operate his own bedroom door independently and without having to ask for assistance from staff.

Several residents had recently attended the theatre. The residents were empowered to visit the booking office, choose their own seats and book their own tickets. This is good practice in order to promote and maintain independence.

Discussion with staff and residents, observation of practice and review of care records 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. A diversional therapist is employed and has introduced a system of activities based on a holistic approach. This includes speech and language therapy, sensory stimulation, effective communication methods and music therapy. Outside activities have recently included theatre trips, visits to the library and poetry reading sessions.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The registered manager confirmed that residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

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.

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. There was evidence that suggestions made by residents had been actioned, for example amendments to menus.

Residents confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home. The residents' views recorded in the questionnaires were all recorded as "excellent".

Residents engaged willingly with the inspector and several were able to verbally share their opinion of life in Karuna. These views were all positive. Residents who were unable to communicate verbally were at ease with staff and relaxed in their environment.

There was evidence that, in relation to the underpinning values of dignity, independence and privacy, the minimum standards were exceeded.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

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.

A range of policies and procedures were in place to guide and inform staff. Policies which directed practice were centrally indexed and retained in a manner which was easily accessible by staff. Additional policies were held on computer and were accessible by all care staff. Policies and procedures were systematically reviewed every three years or more frequently should changes occur.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide, posters and leaflets were seen prominently in the home. There was an easy read version of how to make a complaint in pictorial form available for residents. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

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.

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 and this was available for inspection. 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 questionnaires. There was a system to ensure medical device alerts, safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed.

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; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA. It was noted that the monthly monitoring visits were robust and thorough and took place unannounced over two days each month.

There was evidence of managerial staff being provided with additional training in governance and leadership. The registered manager is undertaking a level three “Coaching and Mentoring” qualification in conjunction with the Institute of Leadership and Management. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement. Minutes of staff meetings and supervision sessions are used to share information with staff and disseminate any learning.

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.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home’s certificate of registration was displayed.

Review of notifications of accidents and incidents confirmed that the registered person/s responded to regulatory matters in a timely manner. The annual quality report undertaken by the responsible persons in line with regulation 17 had been completed and forwarded to the RQIA prior to this inspection. Review of records and discussion with the registered manager 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. Discussion with staff on duty 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.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

There was evidence found in relation to the thoroughness of the monthly monitoring visits and the sponsorship of the manager on a leadership course, that the minimum standards were exceeded.

Areas for improvement

No areas for improvement were noted during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

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 service. 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.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews