



The **Regulation** and
Quality Improvement
Authority

Inspector: Alice McTavish
Inspection ID: IN023449

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**Unannounced Care Inspection
of
Hanna Street**

12 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of inspection

An unannounced care inspection took place on 12 January 2016 from 09.50 to 13.40. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. The standards we inspected were assessed as being met. One area for improvement was identified which related to review of risk assessments; this is set out in the Quality Improvement Plan (QIP) appended to this report.

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

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	1

The details of the QIP within this report were discussed with the registered manager, Mrs Barbara McGarrity and the Operations Manager, Mrs Anne Campbell, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Belfast HSC Trust/Mr Martin Dillion	Registered Manager: Mrs Barbara McGarrity
Person in charge of the home at the time of inspection: Mrs Barbara McGarrity	Date manager registered: 1 April 2005
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 2
Number of residents accommodated on day of inspection: 2	Weekly tariff at time of inspection: £470

3. Inspection focus

The inspection sought to determine if the following standards have been met:

Standard 5: Each resident has an up-to-date assessment of their needs.

Standard 6: Each resident has an individual and up-to-date comprehensive care plan

4. Methods/processes

Prior to inspection we analysed the following records; the returned QIP from the previous inspection and notifications of accidents and incidents.

During the inspection we met with one resident and three members of care staff, the registered manager and the assistant services manager. No residents' representatives or visiting professionals were present.

We examined the care records of four individual residents, the accident and incident register, the complaints and compliments register, the minutes of the monthly monitoring visits and fire safety documentation.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced finance inspection dated 10 December 2015. The completed QIP has yet to be returned and approved by the finance inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (2) (n)	The registered person shall, having regard to the number and needs of the residents, ensure that suitable adaptations are made, and such support, equipment and facilities, including passenger lifts, as may be required are provided to meet the needs of the residents; The staff call system must be reinstated in those bedrooms used for respite care.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the premises confirmed that the staff call system was reinstated in those bedrooms used for respite care.	

5.3 Standard 5: Each resident has an up-to-date assessment of their needs.

Is care safe? (Quality of life)

We inspected the care records of four residents and found that residents were involved in the process of assessment of their individual needs. The home had completed an initial assessment of needs at the time of referral and this was revised shortly after admission. The needs assessments contained comprehensive details of each resident's physical, social, emotional, psychological and spiritual needs. Information was present about the resident's life history and current situation. Where risks had been identified, these were noted along with clear direction as to how care should be safely delivered. The care records noted the names and contact details of other professionals or agencies providing a service to the resident.

Is care effective? (Quality of management)

The care needs assessments in most cases were kept under continual review, amended as changes occurred and were kept up to date to accurately reflect, at all times, the needs of the residents. This supported the delivery of effective care. We found, however, that some risk assessments were not current. We made a recommendation that risk assessments should be reviewed and updated.

Is care compassionate? (Quality of care)

The assessment of needs was signed by the resident or their representative, where appropriate, and the member of staff responsible for completing the assessment. Where the resident or their representative was unable to sign or chose not to do so, this was recorded.

We found that the written care needs assessment took into account the privacy and dignity of the resident. It also clearly reflected the values which underpin compassionate care.

Areas for improvement

One area of improvement was identified within the standard inspected. We made a recommendation that risk assessments should be reviewed and updated.

Number of requirements:	0	Number of recommendations:	1
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5.4 Standard 6: Each resident has an individual and up-to-date comprehensive care plan

Is care safe? (Quality of life)

In our inspection of four care plans of residents who use respite care we found that the daily care, support, opportunities and services provided by the home and others were comprehensively detailed. Where residents' specific needs and preferences were identified, the care plan indicated how these were met.

Care plans described how identified risks were managed, minimised, reported, monitored and reviewed. The care plans reflected information about each resident's lifestyle and this was used to inform care practice. The residents' daily routines and weekly programmes were set out. Where restrictions arising from risk assessments were in place, or any behaviours likely

to pose a risk for the resident or others, these were recorded. We found evidence that restrictions were regularly reviewed and removed when no longer required.

Is care effective? (Quality of management)

We found that the care plans were signed by the resident or their representative, by the staff member responsible for drawing it up and the registered manager. If the resident or their representative was unable to sign, or chose not to sign, this was recorded.

We found that care plans were reviewed annually and were amended to reflect the current needs of the residents. We found that the care plan of one resident who had specific health care needs was particularly comprehensive. This was to be commended.

Is care compassionate? (Quality of care)

In our discussions with the registered manager, care staff and with a resident we found that residents had been encouraged to actively contribute to the care planning process. We found that the care plans were written in a manner which reflected a respectful approach to care delivery. This supports the delivery of compassionate care.

Areas for improvement

No areas for improvement were identified within in the standard inspected.

Number of requirements:	0	Number of recommendations:	0
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5.5 Additional areas examined

5.5.1 Residents' views

We met with one resident who indicated that they were happy with their respite services in the home, their relationship with staff and the provision of care.

Some comments included:

- "I come here for respite very often and I really like coming here. The staff are great, the place is lovely, clean and comfortable. I have made a lot of friends with the people who live here permanently and who go to the same day centre that I go to. There is a lot to do when I am here on respite – the staff take me out all the time to restaurants and to the cinema or on day trips. I get great benefit out of coming to Hanna Street."

5.5.2 Staff views

We met with three staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

Some comments included:

- "This is such a great place to work, it hardly feels like work at all and we have a great manager. We have really good relationships with the residents. That is why so many staff members have worked here for years and why there so such good staff morale."

5.5.2 Environment

We found the home to be clean and tidy. Décor and furnishings were of a good standard. We noted that the home had received the Northern Ireland Amenity Council's Best Kept Award for a Residential Facility 2015. The efforts of the residents and staff in achieving this were to be commended.

5.5.3 Staffing

At the time of inspection the following staff members were on duty:

- 1 x manager
- 2 x residential workers
- 1 x community support worker
- 1 x hotel services (for cooking and cleaning)

Two residential workers and one community support worker were scheduled to be on duty later in the day. Two residential workers were scheduled to be on overnight duty. The registered manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

5.5.4 Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

5.5.5 Accidents/incidents

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

5.5.6 Complaints/compliments

Our inspection of the complaints register confirmed that complaints are recorded and managed appropriately. Staff advised us that they receive many verbal compliments.

5.5.7 Monthly monitoring visits

We noted that monitoring visits on behalf of the registered provider were completed monthly and a report prepared. This confirmed that care assessments and care plans were systematically audited.

5.5.8 Fire Safety

The home had a current Fire Safety Risk Assessment dated 8 July 2015. No recommendations for actions were made within this assessment. We noted that staff checked the means of escape on a daily basis, that fire alarms, emergency lighting and firefighting equipment were checked monthly. Fire drills were completed four times throughout 2015.

Each resident had a current Personal Emergency Evacuation Plan (PEEPs) in place. We noted no obvious fire risks on the day of inspection.

5.5.9 Areas for improvement

There were no areas of improvement identified within the additional areas inspected.

Number of requirements:	0	Number of recommendations:	0
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6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with the registered manager Mrs Barbara McGarrity and the Operations Manager Mrs Anne Campbell 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.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and 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. 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 home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

Recommendation 1 Ref: Standard 6.2 Stated: First time To be completed by: 15 April 2016	The registered manager should ensure that all risk assessments are reviewed and updated accordingly.		
	Response by Registered Person(s) detailing the actions taken: In response to this recommendation the registered managed has ensured all risk assessments have been updated and will continue to be reviewed as required within the review period agreed at the tiime of completion of the risk assessment..		
Registered Manager completing QIP	Barbara McGarrity	Date completed	29/01/16
Registered Person approving QIP	Martin Dillon	Date approved	19/02/2016
RQIA Inspector assessing response	Alice McTavish	Date approved	01/03/2016

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