



Hanna Street
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Belfast
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Inspector: Alice McTavish
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**Unannounced Care Inspection
of
Hanna Street**

16 April 2015

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 16 April 2015 from 10.25 to 14.10. Overall, on the day of the inspection, the home was found to be delivering safe, effective and compassionate care. We identified one area for improvement and 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, The DHSPSS 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	1	0

We discussed the details of the QIP and the timescales for completion with the registered manager, Mrs Barbara McGarrity.

2. Service Details

Registered Organisation/Registered Person: Belfast HSC Trust	Registered Manager: Mrs Barbara McGarrity
Person in Charge of the Home at the Time of Inspection: Mrs Barbara McGarrity	Date Manager Registered: 2005
Categories of Care: RC-LD, RC-LD(E)	Number of Registered Places: 2
Number of Residents Accommodated on Day of Inspection: 1	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 1: Residents views and comments shape the quality of services and facilities provided by the home.

Theme: Residents Receive Individual Continence Management and Support.

4. Methods/Process

Prior to inspection the following records were analysed: the returned QIP from last inspection, notifications of accidents and incidents.

During the inspection we met with the only respite service user accommodated at that time, one member of care staff and with one member of domestic staff. No visiting professionals and no resident's visitors/representatives were present.

We reviewed three care plans and four policies and procedures relating to consent, communication, resident meetings and forums, and to continence management. We also reviewed the complaints and compliments register, accidents and incidents register, records of the monthly monitoring visits and the fire safety risk assessment.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced care inspection undertaken on 23 September 2014. The completed QIP was returned to RQIA and was approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 10.1	Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents. A reference to this is made in that the policy and procedures need to be reviewed to include that RQIA are notified of each occasion that restraint is used.	Met
	Action taken as confirmed during the inspection:	

	Discussion with the registered manager and inspection of the updated policy and procedures confirmed that the need to notify RQIA when restraint is used was included in the relevant documents.	
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5.3 Standard 1: Residents views and comments shape the quality of services and facilities provided by the home.

Is Care Safe? (Quality of Life)

Staff actively seek respite service users and their representatives' views and incorporate these into practice to ensure that choices, issues of concern or risks are recorded and acted upon.

We inspected care records and identified that respite service users' choices and preferences were clearly detailed. Care plans we reviewed were signed by the service user or representative.

In our discussions with the registered manager and staff members they confirmed that residents' meetings were held monthly, also that respite service users were encouraged to attend. Minutes of these meetings were recorded along with any actions which may be required. A Parents and Friends group met quarterly. This was well attended by the families of respite service users and was used as a forum for the exchange of views on the quality of services provided, for suggestions about services and as a support mechanism.

We noted that there were policies in place regarding consent, communication and resident meetings and forums. In our discussions with the registered manager and staff we confirmed that areas of customer care and complaints were covered during staff induction and in staff training.

Is Care Effective? (Quality of Management)

We noted a range of methods and processes where respite service users and their representatives' views were sought about the respite care. We found that staff maintained a record of actions taken to improve the service experience.

In our discussions with the registered manager and with care staff we confirmed that satisfaction questionnaires were provided to respite service users and to families. Service users were encouraged to have independent assistance, if required, to complete these questionnaires. The returned satisfaction questionnaires identified that respite service users and representatives were happy with the service provided. We noted also that staff met with respite service users individually and in groups to explore any issues which might arise and to exchange information between the staff team and service users.

Respite service users were encouraged to complete a pictorial short stay report to seek their views on the quality of the respite service. We inspected such reports and noted that these indicated satisfaction with the services provided. Each report was signed by the respite service user. We inspected monthly monitoring visit reports which confirmed respite service user views on the services provided were actively sought.

Is Care Compassionate? (Quality of Care)

In our discussions with staff and one respite service user we identified that service users were listened and responded to by staff. Staff members were knowledgeable about the needs, preferences and abilities of the service users. When a new staff member joined the team, respite service users were consulted about the quality of care provided by this staff member; they were encouraged to identify any areas where the service could be improved.

Areas for Improvement

There were no areas of improvement identified from the standard inspected. Overall, this standard was assessed to be safe, effective and compassionate.

Number of Requirements	0	Number Recommendations:	0
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5.2 Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

We noted that staff members had received training in continence management. Staff members we interviewed were able to demonstrate knowledge and understanding of continence care.

We inspected respite service users' care records and identified that person centred assessments and care plans were in place relating to continence. Staff members were able to describe the system of referral to community services for specialist continence assessment. Care plans were amended as respite service users' medical changes occurred and kept up to date.

Our inspection of the premises and in our discussion with the registered manager we confirmed that there was adequate provision of continence products. Staff confirmed that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present.

The quality of the person centred care plans was to be commended.

Is Care Effective? (Quality of Management)

We noted that the home had written policies and procedures relating to continence management. Our inspection of the care records identified that the continence needs of respite service users were fully documented and that infection control measures were considered. The records also detailed where guidance and advice could be sought from community specialist nurse, when or if required.

In our discussions with staff and inspection of the care records we identified that no respite service users had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

Is Care Compassionate? (Quality of Care)

In our discreet observations of care practices we found that respite service user was treated with care, dignity and respect. In our discussion with the respite service user we identified that staff provided assistance with continence care in a sensitive and caring manner.

Areas for Improvement

There were no areas of improvement identified with the theme inspected. Overall, this theme was assessed to be safe, effective and compassionate.

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

5.5.1 Residents' views

We met with one respite service user in the home on the day of inspection. In accordance with their capabilities, the service user indicated that they were happy with the service provided in the home, their relationship with staff and the provision of meals.

The comments included:

- "It's very good coming here. I enjoy it. The staff are very good."

5.5.2 Staff views

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

Some comments included:

- "It's a great place to work. Everyone (service users) has a wide choice about how they live their lives. Everyone is well looked after and the people who use the respite service like it here so much that they want to move in here permanently. I believe the residents are treated with a high level of dignity and respect."
- "Working here doesn't seem like work. It doesn't stop at the end of a shift, we take our work home with us and take our home life to work, the two are so closely related. There is no 'them' and 'us'. The residents are at the very centre of care and activities. The staff are very knowledgeable about the residents; residents and staff are very close and there is low staff turnover which says a lot about how the home is run."

5.5.3 Environment

The home was found to be clean and tidy. Décor and furnishings were of a good standard. We identified, however, that the staff call system had not been replaced in some rooms following refurbishment work of the premises. A requirement was made that the staff call system must be reinstated.

5.5.4 Fire safety

The home had a current fire safety risk assessment dated 8 July 2014. The registered manager advised that all recommendations arising from this had been duly actioned. No obvious fire risks were noted on the day of inspection.

Areas for Improvement

There was one area of improvement identified within the additional areas examined.

Number of Requirements	1	Number Recommendations:	0
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Barbara McGarrity, 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.

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, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS 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 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 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. 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 home.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 27 (2)
(n)

Stated: First time

To be Completed by:
30 October 2015

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.

Response by Registered Manager Detailing the Actions Taken:

Staff have obtained a number of quotes for a call system that will meet the needs of the service. A capital bid was submitted to obtain funds to install the preferred system. This has been rejected. Management are now exploring alternative ways to obtain the necessary funds.

Registered Manager Completing QIP	Barbara McGarrity	Date Completed	03/06/15
Registered Person Approving QIP	Martin Dillon	Date Approved	09/07/15
RQIA Inspector Assessing Response	Alice McTavish	Date Approved	24 August 2015