



Unannounced Care Inspection Report 16 April 2019



Hanna Street

Type of Service: Residential Care Home
Address: 8 Hanna Street, York Road, Belfast BT15 1GQ
Tel no: 028 9504 2810
Inspector: Alice McTavish

www.rqia.org.uk

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home with two beds that provides respite care for people who have a learning disability.

3.0 Service details

| | |
|---|---|
| Organisation/Registered Provider: Belfast Health Social Care Trust (BHSCT) | Registered Manager and date registered: Barbara McGarrity - 1 April 2005 |
| Responsible Individual: Martin Joseph Dillon | |
| Person in charge at the time of inspection: Barbara McGarrity | Number of registered places: 2 |
| Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years | Total number of residents in the residential care home on the day of this inspection: 2 |

4.0 Inspection summary

An unannounced care inspection took place on 16 April 2019 from 10.00 to 12.50.

The inspection assessed progress with any areas for improvement identified since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

This was a positive inspection and no areas requiring improvement were identified.

A resident described staying in Hanna Street as “very good”.

There was good practice found in relation to staff supervision and appraisal, adult safeguarding, care records, audits and reviews, communication between residents, their families and staff and to governance arrangements and quality improvement.

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 |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Barbara McGarrity, Registered Manager, 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.

4.2 Action/enforcement taken following the most recent inspection dated 9 May 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 9 May 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by Regulation Quality Improvement Authority (RQIA) about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

Four questionnaires were completed by residents, each indicating a high level of satisfaction with every aspect of care. Residents said "I love coming to Hanna Street", "Very happy with care" and "I get out when on respite – the staff are very good". No questionnaires were returned by staff.

During the inspection a sample of records was examined which included:

- Staff duty rotas from 15 April to 12 May 2019.
- Staff training schedule and training records.
- Staff induction records.
- Two residents' records of care.
- Complaint records.
- Compliment records.
- A sample of governance audits/records.
- Accident/incident records.
- A sample of reports of visits by the registered provider.
- RQIA registration certificate.

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 9 May 2018

The most recent inspection of the home was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 9 May 2018

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 residents and clients from the care, treatment and support that is intended to help them.

The registered manager and staff on duty confirmed that staffing was safe and kept under review. There was a manager, care staff and ancillary staff on duty during the day and care staff in the evenings and overnight.

Staffing and recruitment

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties.

We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with a range of activities.

The registered manager told us that no new staff had been recruited since the previous care inspection and described how staff were properly recruited and all pre-employment checks were made. All staff were properly vetted and suitable to work with the residents in the home.

Staff induction, supervision, appraisal and competency

We spoke with staff who told us that any new staff would get a good induction to working in the home; all new staff worked with more senior staff until they were ready to work alone. The staff team received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC).

Staff also told us that they got regular supervision and this happened more often when staff were new to the home.

All senior care staff had an assessment of their competency and capability completed by the manager to ensure that they can take charge of the home. The registered manager reviewed this every year to ensure that it was always current. She would also review it if the member of staff was returning from a long term absence, for example, after sickness or maternity leave. This is good practice.

Staff training

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training. The registered manager told us that all staff attended a fire drill at least annually.

Safeguarding residents from harm

The registered manager was able to describe how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The home had a safeguarding champion.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

The registered manager was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Environment

We walked around the home and saw that it was in good decorative state; it was kept clean, warm and fresh-smelling. There was a communal lounge for the use of residents on the ground floor along with space for dining, activities and meetings. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair. Improvements had been made as new doors, windows and lighting had been installed since the last inspection.

The registered manager told us that she makes sure that residents coming to Hanna Street for their respite care enjoyed as much freedom as possible whilst remaining safe.

Infection prevention and control (IPC)

The registered manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities. There were gloves and aprons available for staff to reduce the risk of spreading infection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, supervision and appraisal, adult safeguarding and infection prevention and control.

6.5 Is care effective?

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

Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

Management of risks relating to residents

The registered manager described a robust assessment and admissions process to get a place in Hanna Street. When risks are identified and assessed, a plan is put in place to meet the care needs of the resident and to lessen any risks. The manager described how there was good working relationships between professionals to help staff in the home identify and manage any risks.

The registered manager told us that there were few residents using the respite service who were at risk of falls. The registered manager completes an audit of accidents or incidents in the home each month and this includes falls. The audit looks for any patterns or trends and considers actions to reduce the likelihood of further accidents happening. The registered manager and staff were aware of how they could get professional advice from medical or trust staff, if necessary.

The registered manager told us about how any resident who might be at risk of choking had care plans in place to manage this. Any specialist advice from the speech and language therapy service was shared with care and kitchen staff and the latest guidance for preparing food and fluids at the correct consistency was available.

Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

There were easy read versions available to help residents understand what was written about them. The records were signed by the residents to show that the information was shared with and agreed by them. There were also written consents which were signed by residents. This person centred approach represents good practice.

We saw how a care review was completed with the resident, their family, care staff and staff from the trust each year.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and audits and reviews.

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.

Culture and ethos of the home

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed, whether they liked to be checked during the night, how they like to be helped with care and how they choose what to wear. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

We could see that staff could communicate well with residents in a warm and supportive manner.

Activities

Staff told us about the range of activities available and how staff worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. There was a good range of resources available for residents.

Resident involvement

We looked at the minutes of residents' meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. The registered manager told us that there were regular family meetings. These were informal affairs used by staff to gather feedback about the quality of care and services provided in the home. In addition, staff reported that the registered manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

There was also a satisfaction survey completed annually by residents, their family members and staff. The registered manager told us that the summary report for the last survey was due to be completed in July 2019.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and listening to and valuing residents.

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.

Staff in the home said that they got good support from their manager who was supportive and approachable. The registered manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

Managerial oversight

The registered manager spends time completing managerial tasks to make sure she is satisfied that the home runs well. She completes audits of areas such as accidents and incidents, hand hygiene and IPC and looks for any ways in which these areas can be improved. The registered manager makes sure that staff are properly supported to do their jobs through providing regular supervision, appraisal and training. The manager makes sure, too, that all of the systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

Complaints and Compliments

The registered manager deals with any complaints raised by residents or their family members. We looked at the records of complaints and could see that they were managed appropriately. Staff told us that they would not hesitate to raise issues with the manager, if needed.

The registered manager also shared compliments received from residents, their families and professionals as this is important for staff morale.

Accidents and incidents

The registered manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

Additional training

The registered manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in areas such as epilepsy awareness, the administration of emergency epilepsy medication, dysphagia, human rights, equality and data protection.

Communication

The registered manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. She also made sure that any best practice guidance, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents.

Visits by the registered provider

The home was visited by the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at a sample of recent reports of visits and found that these were comprehensive. The reports showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

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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