

# Unannounced Care Inspection Report 17 May 2016



## Hanna Street

**Address: 8 Hanna Street  
York Road  
Belfast  
BT15 1GQ**

**Tel No: 028 9504 2810  
Inspector: Alice McTavish**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Hanna Street, a residential care home which provides respite care for adults with learning disability, took place on 17 May 2016 from 09.50 to 14.30.

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 stated in regard to the delivery of safe care. There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, recruitment practice, adult safeguarding, infection prevention and control, risk management and the home's environment.

### Is care effective?

No requirements or recommendations were stated in regard to the delivery of effective care. There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

### Is care compassionate?

No requirements or recommendations were stated in regard to the delivery of compassionate care. There were examples of best practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views of residents.

### Is the service well led?

No requirements or recommendations were stated in regard to the delivery of well led care. There were examples of best practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

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
<b>Total number of requirements and recommendations made at this inspection</b>	<b>0</b>	<b>0</b>

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous Quality Improvement Plan (QIP) there were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Belfast HSC Trust/Mr Martin Dillion	<b>Registered manager:</b> Mrs Barbara McGarrity
<b>Person in charge of the home at the time of inspection:</b> Mrs Barbara McGarrity	<b>Date manager registered:</b> 1 April 2005.
<b>Categories of care:</b> LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 2
<b>Weekly tariffs at time of inspection:</b> £494	<b>Number of residents accommodated at the time of inspection:</b> 2

## 3.0 Methods/processes

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

During the inspection the inspector met with two residents, two care staff, the registered manager and one resident's representative by telephone. No visiting professionals were present. Two resident views, six resident representative views and six staff views questionnaires were left in the home for completion and return to RQIA. Three resident representative views and six staff views questionnaire were returned to RQIA. The information contained within the questionnaires reflected a very high level of satisfaction with the services provided by the home.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Annual appraisal and staff supervision schedule
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment
- Infection control records
- Equipment maintenance records
- Accident/incident/notifiable events register
- Annual Quality Review report 2015
- Minutes of recent residents' / representatives' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drills records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Policies and procedures manual

#### **4.0 The inspection**

#### **4.1 Review of requirements and recommendations from the most recent inspection dated 12 January 2016**

The most recent inspection of Hanna Street was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

## 4.2 Review of requirements and recommendations from the last care inspection dated 12 January 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time	The registered manager should ensure that all risk assessments are reviewed and updated accordingly.	Met
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of care records confirmed that all risk assessments are reviewed and updated.	

## 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, residents' representatives and staff.

On the day of inspection the following staff were on duty –

- 1 x registered manager
- 2 x residential workers (band 5)
- 1 x support worker (band 3)
- 1 x cook

Two residential workers and one support worker were due to be on duty later in the day. One residential worker and one support worker were scheduled to be on overnight duty.

The registered manager reported that no new staff had commenced employment within Hanna Street over the past two years. Any new staff would receive a corporate induction and an in-house induction relevant to their specific roles and responsibilities. A review of completed induction records evidenced that a comprehensive induction programme was in place and that this was clearly linked to the Northern Ireland Social Care Council (NISCC) code of practice for social care workers.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. There was evidence that staff training was employed to provide safe care to residents, for example, in addition to core mandatory training, the trust provided training in Epilepsy and the administration of epilepsy medication (Buccal Midazolam), Mental Health Awareness, Dysphagia and Autism as mandatory. This ensured that staff received thorough preparation to deliver the highest standards of safe care. Staff also received training in Communication, Managing Complaints, Data Protection, Equality and Medical Devices Awareness on a regular basis. The registered manager also advised that any agency staff were included in mandatory training, if possible, to

enhance their knowledge and to assist in integrating into the staff team. Discussion with the registered manager identified that new permanent staff were also provided with a two day training course specific to meeting the needs of people with a learning disability.

The registered manager confirmed that a schedule for staff supervision and annual staff appraisals was maintained. These were available for inspection. The registered manager advised that she completed supervision with all residential workers and all support staff every three months, or more often if required. The registered manager and residential workers had also undertaken training in delivering professional supervision to staff and each staff member had a supervision contract.

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. A review of a sample of staff competency and capability assessments confirmed that the assessments were structured and comprehensive.

A 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 personnel department. The registered manager advised that the trust viewed Enhanced AccessNI disclosures for all staff prior to the commencement of employment and that the registered manager received confirmation of this.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The registered manager advised that the registration status of all staff was discussed during staff supervision. The trust also alerted the registered manager of any impending lapses of registration so that this could be addressed immediately with staff.

The registered manager advised that the adult safeguarding policies and procedures were being updated to reflect the most up to date regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). The current policy and procedures contained definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager confirmed that there were plans in place to implement the new adult safeguarding procedures relating to the establishment of a safeguarding champion.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance 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 and review of care records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

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. Discussion with staff 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.

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 in both written and in pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last five years. Staff within the home maintained good communication with residents' families and with day care centres if any concerns about illness or infection arose. Any outbreak within the home would be managed in accordance with trust procedures and would be reported to the local Consultant in Communicable Disease Control and to RQIA. Records would be retained.

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 (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

A review of 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).

The registered manager confirmed that areas of restrictive practice were employed within the home, notably locked doors, a swipe card entry system and wheelchair lap belts for some residents. The use of a camera had been agreed for one resident during periods of respite care. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the home's Statement of Purpose and Residents Guide identified that restrictions were adequately described. Discussion with the registered manager confirmed that if individual restraint was to be employed, the appropriate persons/bodies would be informed.

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 e.g. COSHH, fire safety. The Trust also maintained the Belfast Risk Assessment and Audit Tool (BRAAT) which identified risks and ensured that they were effectively managed.

The registered manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced. Observation of equipment and maintenance records confirmed this.

A general inspection of the home was undertaken to examine the two bedrooms and the shared bathroom used for the respite service, the communal lounges and the dining room. The residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh-smelling, clean and appropriately heated. 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.

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 8 July 2015, identified that any recommendations arising had been addressed appropriately. A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed quarterly and records retained of staff who participated and any learning outcomes. There were arrangements in place to ensure that all staff had attended during a fire drill at least annually. Fire safety records identified that emergency lighting and means of escape were checked daily and were regularly maintained. Fire alarm systems were checked weekly and fire-fighting equipment was checked monthly. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.4 Is care effective?

Discussion with the registered manager established that the staff within the home responded appropriately to and met the assessed needs of the residents.

A review of three 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 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 they had an understanding of a person centred care and that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed. 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.



Audits of risk assessments, care plans, care review, accidents and incidents and complaints were available for inspection and evidenced that actions identified for improvement were incorporated into practice, for example, if a resident’s mobility was noted to be decreasing as identified through an audit of falls, referral would be made to occupational therapy for a mobility assessment and provision of walking aid. Further evidence of audits was contained within the monthly monitoring visits reports and the annual quality report; both of these documents were on display in the home.

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, residents meetings, 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. A review of the minutes of the monthly staff meetings identified that an agenda is circulated before each meeting, that staff members contribute towards the agenda and that there is a structured and comprehensive format to the staff meetings.

Observation of practice evidenced that staff were able to communicate effectively with residents and their representatives. Staff confirmed that they had received training in communication. The registered manager advised that referral to other healthcare professionals was not required as often within respite care services but that staff were aware of the process for making such referrals. Minutes of resident meetings were available for inspection. Separate representative meetings were also held. The registered manager advised that residents had chosen to call their meetings ‘Big Brother, Big Sister Meetings’. Any issues arising during resident or representative meetings were brought to the attention of the staff team during monthly staff meetings so that they could be more effectively addressed.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who required specialist supports; these were more likely, however, to be arranged by the social workers of the residents who used Hanna Street for respite care.

The inspector met with two residents who both expressed positive views on their respite care in the home. One resident was unable to provide a verbal comment but appeared relaxed and content. Another resident stated “It’s good. They are good to me.” The inspector also spoke with a resident’s representative who commented “We are very happy with the services provided and we have no complaints. My (relative) is very happy here and the staff keep us informed about everything.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.5 Is care compassionate?**

The registered manager confirmed that staff in the home promoted a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff confirmed that residents' spiritual and cultural needs could be met within the home. Discussion with staff confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

The registered manager confirmed that consent was sought in relation to care and treatment. Staff were able to describe how consent was sought on a daily basis, for example, knocking on bedroom doors and asking for permission to enter. Observation of interactions between residents and staff 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. The registered manager advised that confidentiality was explained to new staff during induction and regularly formed part of discussions during staff meetings.

Discussion with staff and one representative and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities according to their choice; some residents, however, viewed their period of respite care as a holiday from their usual routine and chose not to engage in any planned activities.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff and 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 care during periods of respite in Hanna Street.

There were systems in place to ensure that the views and opinions of residents were sought and taken into account in all matters affecting them. Residents were consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually and was available in pictorial format to capture the views of those residents who found difficulty with verbal or written communication. 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 were required. An example of this was when it was identified that some respite residents had begun to experience difficulty in climbing the stairs. This led to a downstairs bedroom being used for respite care.

The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

There was evidence that the attitude and approach of the home's management and staff team provided excellent compassionate care to residents and to their families. For example, staff members willingly made changes to their working shifts if residents wished to participate in a special event or occasion, perhaps a concert or an exhibition. Some residents so enjoy the support provided to them by staff that they choose to spend their birthdays or Christmas in Hanna Street. Staff also co-ordinate respite periods according to residents' known interests – a resident who likes to follow horse racing comes to Hanna Street and staff take the resident to racing at Down Royal. All residents who use the respite care service are invited to the home's annual barbeque, regardless of whether they are currently using the service or not.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 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, also that 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.

The registered manager was also well equipped to provide good leadership to the staff team and was herself trained to deliver training to staff in Infection Prevention and Control. The staff team also benefitted from completing the Knowledge and Skills Framework (KSF) which health and social care staff need to apply in their work in order to deliver quality services. Staff also completed a Personal Development Plan (PDP) to identify areas of interest and enable them to take charge of their own learning. Both KSF and PDP were completed annually and were built into the supervision and appraisal schedules.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by 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 and posters displayed within the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints and that they had received training in the area.

A review of the complaints records established that no complaints had been received since May 2014. There were, however, clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints would include 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. Although no complaints had been made recently, there were arrangements in place to audit complaints; this was designed 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. The registered manager confirmed that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice, where necessary; there was also a system to ensure medical device alerts, safety bulletins, serious

adverse incident alerts and staffing alerts were appropriately reviewed and these were shared during staff meetings.

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.

There was evidence of managerial staff being provided with additional training in governance and leadership, for example the deputy manager had completed QCF level 5 in Health and Social Care and the registered manager, who is a qualified nurse, was in the process of completing this. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement; staff were able to provide examples of how this was achieved.

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

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person responded to regulatory matters in a timely manner. 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 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. A staff member stated "I think the quality of care here is excellent. The relationship between the residents and staff is great and we take every care to keep the place as homely as possible. The staff team go to great lengths to meet everyone's needs. The manager and deputy manager are very supportive. I can discuss anything with them – the team works very well together."

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 that the home's management provided excellent well led care to residents, to residents' families and to the staff team. For example, only residential workers, who are more senior staff, would be given the responsibility of being in charge of the home in the absence of the registered manager; a competency and capability assessment is undertaken of residential workers to ensure that their knowledge and skills are maintained in order to deputise for the manager. The registered manager advised that although support workers would not be placed in charge of the home, they also completed staff competency and capability assessments; not only did this ensure that all staff were knowledgeable about all aspects of safety within the home and that enhanced safe care was provided to residents, it had the additional benefit of ensuring that support staff were fully integrated within the staff team. It also improved understanding and appreciation of the role and responsibility of more senior staff. The registered manager also ensured that any trust bank staff were assessed as being competent and capable of being in charge of the home.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.



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](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews