

Unannounced Care Inspection Report 24 October 2017



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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with two beds that provides short breaks to adults who have a learning disability.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Mr Martin Dillon	Registered Manager: Mrs Barbara McGarrity
Person in charge at the time of inspection: Barbara McGarrity	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 2

4.0 Inspection summary

An unannounced care inspection took place on 24 October 2017 from 13:15 to 16:55.

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

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.

Evidence of good practice was found in relation to staff recruitment, induction, supervision and training, adult safeguarding, care records, audits and reviews, communication, listening to and valuing residents, governance arrangements, the management of complaints and incidents, quality improvement and maintaining good working relationships.

One area requiring improvement was identified. This was in relation to adult safeguarding policies and procedures.

Residents said that they enjoyed staying at Hanna Street; a resident's representative said that the care was excellent.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Barbara McGarrity, registered manager and Anne Campbell, Operations Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 3 May 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and notifiable events received since the previous care inspection.

During the inspection the inspector met with two residents, two staff, one resident's representative, the registered manager and a senior manager from the trust.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. The registered manager was provided with a poster to be displayed in the home advising staff how they could complete electronic questionnaires and submit these to RQIA within the following two weeks. Four questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment file
- Care files of three residents
- The home's Residents' Guide and individual agreement
- Minutes of recent staff meetings
- Audits of care records, accidents and incidents, complaints, environment, catering, fire safety records, hand hygiene and dress codes for staff
- Equipment maintenance records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities

- Policies and procedures manual

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 3 May 2017

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 3 May 2017

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

The registered manager advised that the staffing levels for the home 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, a resident's representative and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

A review of completed 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 confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager and staff advised 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. Samples of completed staff competency and capability assessments were reviewed and found to be structured and comprehensive. The registered manager advised that the assessments were reviewed annually. This represented good practice.

A review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of a staff personnel file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager advised that enhanced AccessNI disclosures were viewed by the trust for all staff prior to the commencement of employment and the registered manager received written confirmation that all pre-employment documentation was satisfactory before staff presented for duty in the home. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The registered manager advised that this was routinely discussed with all staff during supervision and that the trust alerted managers of any impending lapses in registration or payment of annual fees.

In discussion with the registered manager and Operations Manager it was identified that the Trust was in the process of reviewing the adult safeguarding policy and procedure to ensure that it was consistent with the current regional guidance; a local adult safeguarding procedure was to be developed for learning disability services. The procedure was later forwarded to RQIA and was found to be satisfactory. Action was required, however, to ensure compliance with the standards in regard to the provision of an up to date adult safeguarding policy and procedure.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and 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 whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager established that no issues of adult safeguarding had arisen since the last care inspection; 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; written records would be retained.

The registered manager advised 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 assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge during a previous care inspection 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 advised there were restrictive practices employed within the home, notably locked external doors with a swipe card entry system and wheelchair lap belts for some

residents. The use of a vision monitor 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 residents guide identified that restrictions were adequately described. The registered manager advised that should individual restraint be employed, the appropriate persons/bodies would be informed.

The registered manager advised there were risk management policy and procedures in place relation to safety in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices during previous care inspections confirmed that these were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc. 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 advised that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure during a previous care inspection confirmed that this was 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 the 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.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to contain personal items. The home was fresh-smelling, clean and appropriately heated. 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 home had an up to date fire risk assessment in place dated 25 July 2017. Five recommendations were made. The registered manager advised that these were in the process of being appropriately addressed by the Trust's estates department.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed regularly. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that emergency lighting and means of escape were checked daily, fire alarm systems were checked weekly and fire-fighting equipment was

checked monthly. All systems and equipment were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Four completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

A comment received from a resident was as follows:

- "I love it here."

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection. This related to a review of the adult safeguarding policy and procedure and the development of a local adult safeguarding policy and procedure for use in learning disability services.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

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

A review of the care records of three residents who used the short break service confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident during periods of respite care. Care needs assessments and risk assessments (e.g. manual handling, epilepsy management plans, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

A review of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The care records reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff established that they were familiar with person centred care and that a person centred approach underpinned practice; staff were able to describe in detail the individual care needs of residents and how these were met within the home.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager advised 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 care records, accidents and incidents (including falls, outbreaks), the home's environment and catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff stated that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection. The registered manager advised that separate representative meetings continued to be held in the home.

Four completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

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

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff confirmed that residents' spiritual and cultural needs were met within the home. Discussion with a resident's representative and staff confirmed that action was taken to manage any pain, discomfort or anxiety in a timely and appropriate manner. Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their care and treatment.

The registered manager and staff advised that consent was sought in relation to care and treatment. Discussion with a resident's representative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

In discussion with staff they confirmed their awareness of promoting residents' rights, independence and dignity and they were able to demonstrate how residents' confidentiality was protected.

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

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. There were residents' meetings and residents were encouraged and supported to actively participate in annual reviews of their care.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. The annual survey report for 2017 was available for inspection and showed a very high level of satisfaction regarding the services offered in Hanna Street. The registered manager advised that, should improvements be identified, these would be implemented.

Discussion with staff, residents and a representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities.

A resident spoken with during the inspection made the following comment:

- "I like it here, it's good."

A resident’s representative spoken with during the inspection made the following comments:

- “I am very happy with the care given to (my relative) by the staff here. Before (my relative) started to come here, the staff made sure they had lots of information about what she needed and how she should be cared for during her respite. We were able to go to visits at tea time to meet staff and the other residents. The staff put a lot of effort into making each respite period successful and if something didn’t work particularly well, they worked with us to change it to make it better for the next time. The staff were very patient and took the time to get to know (my relative) well. They spend lots of time helping her to do all of the things she would do at home. The staff recognised the importance of keeping routines and structures as close as possible to her usual routine, and this works well.”

Four completed questionnaires were returned to RQIA from residents and residents’ representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The 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 with RQIA.

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 as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they had

received training on complaints management and were knowledgeable about how to receive and deal with complaints.

The registered manager advised that no complaints had been received since the last care inspection. The area of complaints was reviewed during the last care inspection and was found to be satisfactory, hence was not reviewed on this occasion.

There was 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 was reviewed as part of the inspection process. 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 continuous quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager advised that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, epilepsy awareness, emergency administration of medication (Buccal Midazolam) and autism awareness.

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 to read.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager advised that the registered provider was kept informed regarding the day to day running of the home through the line management structures within the trust.

The registered manager advised that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager advised that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that management would offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager advised that there were arrangements in place for managing identified lack of competency and poor performance for all staff.

Four completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Barbara McGarrity, registered manager and Anne Campbell, Operations Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 29 December 2017</p>	<p>The registered person shall ensure that the trust's adult safeguarding policy and procedure is reviewed to make it consistent with the current regional guidance.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>In response to this area of improvement, the registered person is in the process of ensuring that a statement that confirms Trust's acceptance of the regional policy and a commitment to deliver on this at a local level is included in Adult Safeguarding documentation. They are also including a local instruction for their staff as a local team procedure detailing who to contact in relation to Adult Safeguarding.</p>



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
🐦 @RQIANews