

Unannounced Care Inspection Report 11 October 2016



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

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Hanna Street Residential Home took place on 11 October 2016 from 13.00 to 17.10.

The inspection sought to assess progress with any issues raised since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

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.

No requirements or recommendations were made in relation to this domain.

Is care effective?

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.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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.

No requirements or recommendations were made in relation to this domain.

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
Total number of requirements and recommendations made at this inspection	0	0

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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Belfast Health and Social Care Trust	Registered manager: Mrs Barbara McGaritty
Person in charge of the home at the time of inspection: Mrs Barbara McGaritty	Date manager registered: 1 April 2005
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 2

3.0 Methods/processes

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

During the inspection the inspector met with two residents, the registered manager and two care staff. No visiting professionals and no residents' visitors/representatives were present.

The following records were examined during the inspection:

- Staff duty rota
- Staff training schedule/records
- Care files of two residents
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Individual written agreement
- Programme of activities
- Policies and procedures manual

A total of 23 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Ten questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 17 May 2016

The most recent inspection of the home was an unannounced care inspection. There were no requirements or recommendations made as a result of this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 17 May 2016

There were no requirements or recommendations made as a result of the last care inspection.

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 and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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. Records of completed programmes of staff induction were viewed in detail during the last care inspection. These were found to be comprehensive and 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 and a schedule for these was maintained. This schedule was reviewed in detail during the last care inspection. The registered manager confirmed that mandatory training, annual staff appraisals and staff supervision continue to be completed on a rolling programme. 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 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. Samples of completed staff competency and capability assessments were reviewed in detail during the last care inspection and were found to be satisfactory.

The trust's recruitment and selection policy and procedure was reviewed at the last care inspection. The registered manager confirmed that it was unchanged and 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. Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

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 situation regarding adult safeguarding arrangements was unchanged since the last care inspection when it was established 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 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, reviewed during the last care inspection, confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager confirmed that any 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. No adult safeguarding issues had arisen since the last care inspection.

The registered manager confirmed 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.

The policy and procedure on restrictive practice/behaviours which challenge was reviewed during the last care inspection. The registered manager confirmed that this was unchanged and 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 during the last care inspection 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 confirmed that the home's policy and procedures relating to safe and healthy working practices 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.

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.

It was established that the infection prevention and control (IPC) policy and procedure remained unchanged since the last inspection and that these were in line with regional guidelines. The registered manager confirmed that all staff had received training in IPC in line with their roles and responsibilities. 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.

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 Public Health Agency and to RQIA. Records would be retained.

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. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

It was established at the last care inspection that home had an up to date fire risk assessment in place and that any recommendations arising had been addressed appropriately. Staff training records were reviewed at that time and 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.

Ten completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied, although one respondent indicated some dissatisfaction and provided the following comment: "Although all the staff are more than capable, there are extra needs for

specific service users which can be met easier with extra staffing.” Another respondent commented “I trust staff with (my relative) fully.”

A staff member commented “The care is very good and the service users are very safe within Hanna Street.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

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 two residents 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 person centred care and that a person centred approach underpinned practice. The inspector had the opportunity to be present during a staff meeting in which the needs of individual residents were discussed. It was evident that staff were very familiar with the care needs of residents, that they were able to identify triggers for uncharacteristic behaviours and were fully committed to finding ways to manage such behaviours in the least restrictive manner possible. The staff team were receptive to the advice provided by members of a specialist team who were also present at this meeting. The team also demonstrated a high degree of commitment to ensuring that care was provided in the safest way possible for both residents and staff.

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 reviewed during the last care inspection. There was evidence 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 remained 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.

In discussion with a resident it was established that the resident had attended a tea visit prior to using the respite service. This enabled the resident to become familiar with Hanna Street and the staff team and for staff to begin to find out information about the resident's abilities, care needs and preferences.

Discussion with the resident's key worker identified that pre-admission information was received from the resident's social worker prior to the resident using the respite service. Before each period of respite, the social worker provided staff with an update on the resident's circumstances or to confirm that there had not been any changes since the last respite period. At the end of the respite period, a short stay pictorial report was completed with each resident. This was used to inform families of how care was delivered and in which activities the resident participated. Staff ensured that the staff duty rota was displayed each day and that this was in a pictorial format. A similar system was in place to display daily menus. Information was also displayed in the home relating to information on complaints, safeguarding and inspection reports. Staff also described how close liaison with day care centres was used to enhance exchange of information relevant to meeting the care needs of respite service users.

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

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Staff confirmed that they had received training in communication. One staff member was completing training in a specialist form of communication, talking mats. This was to be commended.

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. This was unchanged since the last care inspection.

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

A comment received from a resident's representative was:

- "Very helpful – when (my relative) is unwell and needs additional support."

A staff member commented:

- “(I) could not fault the care the service users get from the staff at Hanna Street.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The registered manager confirmed 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.

The home’s policies and procedures were reviewed during the last care inspection which established 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 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.

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. These systems were inspected in detail during the last care inspection; the registered manager confirmed that there had been no changes in how 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.

Residents spoken with during the inspection made the following comments:

- “The staff are very good to me. They treat me well and help me with anything that I might need, I have plenty of choices and I get to go out on trips and for meals. I enjoy coming here for respite.”
- “I love coming here.”

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

Comments received from residents’ representatives were as follows:

- “No complaints.”
- “Ten out of ten. I know all staff treat (my relative) very well.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

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 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.

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 also planning to complete 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.

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.

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. A letter from a senior Speech and Language Therapist complimented the high quality of communication with that service by staff in Hanna Street in their dealings on behalf of residents.

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.

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.

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.

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

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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



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