The Regulation and Quality Improvement Authority

Unannounced Care Inspection Report
7 September 2016

Bawn Cottage

Address: 31a Main Street, Hamiltonsbawn, BT60 1LP
Tel No: 028 3887 0666
Inspector: John McAuley

1.0 Summary

An unannounced inspection of Bawn Cottage took place on 7 September 2016 from 11:45 to 14:50 hours.

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 areas for improvement were identified within this domain. Areas of good practice were found during this inspection in relation to the home being clean and tidy with a good standard of décor and furnishings being maintained.

Is care effective?

No areas for improvement were identified within this domain. Areas of good practice were found during this inspection in relation to care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were also encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate.

Is care compassionate?

No areas for improvement were identified within this domain. Areas of good practice were found during this inspection in relation to one resident commenting that he was able to simply ask the cook how he liked to have his meals prepared and this was easily facilitated.

Another resident whose needs had increased, was found to be comfortable and at ease in their environment and interactions with staff. Staffing had been reviewed accordingly to meet this resident's needs.

Is the service well led?

No areas for improvement were identified within this domain. Areas of good practice were found during this inspection in relation to discussions with the governance lead confirming 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.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The 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 Stanley Kingsmill, governance lead, as part of the inspection process and can be found in the main body of the report.

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/ registered person: Mildred Jean Wylie	**Registered manager:** Mildred Jean Wylie
Person in charge of the home at the time of inspection: Stanley Kingsmill Betty Singleton – senior care assistant	**Date manager registered:** 1 April 2005
Categories of care: RC-LD, RC-LD(E), RC-MP	**Number of registered places:** 22

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection reports and accident and incident notifications.

During the inspection the inspector met with the eight residents in the home and four members of staff of various grades on duty.

The following records were examined during the inspection:

- Two residents' care records
- Staff training records
- Competency and capability assessment
- Fire safety records
- Complaints records
- Record of residents' meetings.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 3 November 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 3 November 2015

Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard E32/ N33 **Stated:** First time **To be Completed by:** 10 November 2015	The locking mechanism to the toilet door opposite bedroom 7 needs to be made good.	**Met**
	Action taken as confirmed during the inspection: This lock has been repaired.	

4.3 Is care safe?

The senior care assistant in charge 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 staff.

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

- 1 x governance lead
- 1 x senior care assistant
- 1 x care assistant plus 1 x care assistant in for part of shift to cover increased needs
- 1 x cook
- 1 x domestic
- 1 x registered manager out with three residents.

Review of completed induction records and discussion with the governance lead 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.

The governance lead 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 was reviewed. This was found to be maintained satisfactorily.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policies and procedures in place were consistent with current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The governance lead was the established safeguarding champion.

Discussion with staff confirmed that they were knowledgeable 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 *s*afeguarding training was provided for all staff.

Discussion with the governance lead, review of accident and incidents notifications, review of care records and review of complaints 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.

The home was clean and tidy with a good standard of décor and furnishings being maintained. Discussion with a domestic assistant confirmed that daily work schedules were in place.

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.

On the day of the inspection no obvious restrictive practices were observed to be in use.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required.

The governance lead confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated, 26 February 2015, identified that no recommendations were made. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on an up to date basis and records retained of staff who participated and any learning outcomes.

Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked regularly. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

No areas for improvement were identified within this domain.

Number of requirements:	0	Number of recommendations:	0

4.4 Is care effective?

Discussion with the governance lead established that the home responded appropriately to and met the assessed needs of the residents.

A review of a sample of two residents' care records confirmed that these were maintained in line with legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily/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.

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.

Care records were stored safely and securely in line with data protection.

An audit of care records had been undertaken in July 2015 by the governance lead.

The governance lead confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included multi-professional team reviews, residents meetings, staff meetings and staff shift handovers.

Observations of care practices confirmed that management operated an open door policy in regard to communication within the home.

Discussions with residents and observation of practice evidenced that staff were able to communicate effectively with residents.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

Areas for improvement

No areas for improvement were identified within this domain.

Number of requirements:	0	Number of recommendations:	0

4.5 Is care compassionate?

Staff confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Review of a sample of care records confirmed that residents' spiritual and cultural needs were met within the home.

The inspector met with the eight residents in the home at the time of this inspection. In accordance with their capabilities all confirmed and / or indicated that they were happy with their life in the home, their relationship with staff, the provision of meals and the provision of activities. Some of the comments made included statements such as;

- “I love it here. They are all very good to me”
- “I love my room and I like getting out with staff”
- “We on get on well with each other”.

One resident commented that he was able to simply ask the cook how he liked to have his meals prepared and this was easily facilitated.

Another resident whose needs had increased was found to be comfortable and at ease in their environment and interactions with staff. Staffing had been reviewed accordingly to meet this resident’s needs.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Observations of care practices found that staff interacted with residents in a polite, friendly, warm, supportive manner. Discussion with staff, residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

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. The record of the most recent residents’ meeting dated 9 June 2016 was inspected. These were recorded in informative detail with good account of resident consultation and participation.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. 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 are required.

Areas for improvement

No areas for improvement were identified within this domain.

Number of requirements:	0	Number of recommendations:	0

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.

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.

A range of policies and procedures were 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. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents' Guide, guidance displayed and residents' meetings. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included 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. An audit of complaints was used to identify trends and to enhance service provision.

A review of accidents/incidents and 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. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The governance lead confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home.

Discussion with the governance lead 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.

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. Discussion with the governance lead identified that he had understanding of his role and responsibilities and the legislation and standards pertaining to residential care.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of accountability. Staff were aware of their individual responsibility in relation to raising concerns.

Inspection of the premises confirmed that the home's certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

Areas for improvement

No areas for improvement were identified within this domain.

Number of requirements:	0	Number of recommendations:	0

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 weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

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
Web www.rqia.org.uk

@RQIANews