



Announced Care Inspection Report 20 October 2020



Poyntzpass Care Home

Type of Service: Residential Care Home
Address: 7 Tandragee Road, Poyntzpass BT35 6SL
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Inspector: Dermot Walsh

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

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

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 15 residents. Residents were accommodated within three separate bungalows.

3.0 Service details

Organisation/Registered Provider: Armagh Care Services Responsible Individual: Daniel McHugh	Registered Manager and date registered: Diane Clarke 1 April 2005
Person in charge at the time of inspection: Diane Clarke	Number of registered places: 15
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential home on the day of this inspection: 15

4.0 Inspection summary

An announced inspection took place on 20 October 2020 from 10.00 to 13.00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection prevention and control
- quality of life for residents
- quality improvement
- nutrition
- safeguarding
- consultation.

Residents were well presented in their appearance and looked to be comfortable, relaxed and settled in their environment.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Diane Clarke, 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.

5.0 How we inspect

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed.

This included the following records:

- a selection of quality assurance audits
- organisational structure
- complaints review
- compliments records
- incident and accident review
- minutes of residents'/relatives'/staff meetings
- activity planner
- three residents' nutritional care records
- menus

During the inspection RQIA were able to consult with residents and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents and residents' representatives and staff. Ten residents' questionnaires; ten residents' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place remotely, using technology, with Diane Clarke, manager.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 21 February 2020. There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

Staffing

At the commencement of the inspection, the manager confirmed the staffing levels and skill mix over a 24 hour period. The manager confirmed that staffing levels were determined by residents' dependency levels. The majority of residents in the home had been living there for fourteen years or more. Discussions with residents confirmed that there were no concerns in relation to the staffing levels or skill mix in the home. Residents consulted spoke positively in relation to the care delivery in the home. There were no concerns identified within residents' relatives/representatives questionnaires in regards to the staffing arrangements. Staff consulted stated that they felt the staffing arrangements met the required needs of residents.

Staff confirmed that when a new member of staff commenced employment in the home, they were assigned with a mentor; an experienced staff member who could provide advice and guidance on their role within the home. A documented induction programme was completed for all new staff commencing employment. The manager confirmed that as part of the induction process, staff would receive training on epilepsy management.

The manager confirmed that a training matrix was maintained to ensure that all staff in the home completed relevant identified mandatory training. The matrix was monitored on a monthly basis to ensure completion. Staff had to complete training on COVID – 19, diabetes management, palliative and end of life care, mental health for healthcare staff, infection prevention and control (IPC), communication and on adult safeguarding. Training was provided in a variety of ways. In-house training was conducted on challenging behaviour, adult safeguarding, fire safety, IPC and medicines management. There was additional electronic training provided and training through the use of videos and questionnaires was also conducted. The manager also confirmed that they utilised any training offered through the local Trust.

The manager or deputy manager completed staffs' competency assessments on a one to one basis with staff members. Competencies were completed on medicines management and taking charge of the home in the absence of the manager. The manager confirmed that these assessments were reviewed on an annual basis.

Discussion with the manager and staff evidenced that annual appraisals and staff supervisions were being completed in the home. Staff supervisions were conducted on a three monthly basis. Supervision and appraisal planners were maintained to ensure that all staff received an appraisal and supervisions.

Management arrangements

The management arrangements have not changed since the last inspection. There was a clear organisational structure in the home. The responsible individual was the first point of contact for any out of hours queries that staff may have and the manager was the second point of contact. Contact details for both managers were available to staff. Emergency contact numbers were also available for staff to refer to regarding out of hours general practitioner or social work services.

Governance systems

Prior to the inspection we requested copies of audits to be sent to RQIA for review. We reviewed the incidences of accidents and incidents over a two month period. The manager confirmed that the number of accidents in the home was low. A monthly complaints audit also indicated no complaints had been received for the same period.

The manager confirmed that medicines administration audits were conducted on a monthly basis.

An annual survey was conducted to enable all residents and their families/representatives to give their opinions on the service provision and care delivery in the home. The manager confirmed that a report would be issued incorporating the survey results when the data was reviewed.

The manager confirmed that management in the home kept up to date with COVID-19 guidance through a review of the guidance documentation sent from authorities such as the DOH, Public Health Agency (PHA) and RQIA. Any change of guidance would be discussed with staff on duty to be communicated to staff during the next shift handovers. A COVID-19 guidance file was maintained in the home and staff were aware that they could make reference to the file to confirm up to date guidance. All updates were discussed at staff meetings.

The manager confirmed that the home maintained communication links with residents' relatives through regular telephone calls or speaking individually with them when they came to visit to keep them up to date with any changes that occur in the home due to COVID-19. The normal bi-annual relatives' meeting was postponed due to the COVID – 19 outbreak.

Staff meetings were conducted 3 monthly. Nineteen members of staff attended the most recent meeting in September 2020. On the agenda at this meeting was attention to residents' personal care, the COVID – 19 file, COVID testing, cleaning and the ordering of food.

Monthly monitoring visits were completed by the provider. An action plan was developed and discussed with the manager as a result of the visit where required. The action plan would be reviewed at the next visit. Monthly monitoring reports were completed and available for review. Monthly monitoring included a separate focus on each visit. For example, the focus during the August 2020 visit was on residents' activities and the focus on the September 2020 monthly monitoring visit was on relatives' visits. This was seen as good practice.

We reviewed the August 2020 audit of clinical procedures and records and discussed ways of enhancing the traceability and robustness of the audit by such means as including unique identifiers to ascertain which records were reviewed during the audit and what staff grade and number of staff were consulted or observed during the audit. The manager agreed to review the audit.

Infection prevention and control

The manager confirmed that throughout the pandemic the home had remained free from COVID-19. Environmental infection control audits were completed regularly in addition to daily checks. Hand hygiene audits were also completed regularly and records maintained. The manager confirmed that supervisions were conducted with staff in relation to hand hygiene and the use of personal protective equipment (PPE). This was monitored daily in the home. Staff were observed, during a virtual walkaround the home, wearing PPE appropriately. An isolation room had been identified if required for use. All staff consulted during the inspection confirmed that they had received training on infection prevention and control.

Domestic cleaning hours had been allocated to ensure enhanced cleaning was conducted in the home. The cleaning of regular touchpoints such as door handles, light switches and pull cords had increased. Deep cleans of each bungalow were conducted and records maintained. Care staff were aware of their cleaning responsibilities.

The manager confirmed that when staff presented to the home, their temperatures were checked; staff sanitised their hands and PPE was donned before any contact with residents. Staff were aware not to come to the home if they were experiencing any signs or symptoms of COVID-19. The manager confirmed that all staff temperatures were checked three times per day and residents' temperatures were checked twice a day as a means to quickly identify developing symptoms. In addition to temperature checks, residents oxygen levels and heart rates were checked and as part of the regional testing programme, all staff were tested for COVID-19 on a two weekly basis and all residents on a four weekly basis.

Visiting professionals were also required to wear PPE on entering the building. The manager confirmed that only essential visitors came to the home. The visiting professionals' temperatures were checked and hands sanitised before entering the home.

Quality of life for residents

During the inspection we undertook a 'virtual walk around' the three bungalows with the use of technology. Bedrooms and communal rooms observed were clean and tidy. Residents' bedrooms were personalised with their own belongings. Corridors were clear of any clutter or obstruction. A PPE station had been set up at the entrance to the home. The residents we consulted with were presented well in their appearance and were calm and relaxed in their environment. Staff were observed to provide care in a compassionate and caring manner.

The provision of activities for residents was discussed and agreed during residents' meetings. Daily walks were facilitated outside weather permitting with residents and social distancing measures adhered to. Daily bus outings were also facilitated where up to three residents could go out for a drive and go for a hot chocolate for example. Other activities included gardening, arts and crafts, reading, takeaway nights and barbeques. An activities book was maintained to record any activities conducted. Church visits had also been postponed. Residents could watch the religious services on television in the home if they wished.

The day care facility which some residents attended was not available at the time of the inspection. Residents were encouraged to take part in the daily living activities in the home. We observed a resident assisting in the kitchen preparing lunch. The manager confirmed the home's emphasis in promoting independence with residents. A mobile phone had been purchased to enable residents to see their families/friends when speaking with them. Residents' meetings were conducted monthly in the home and minutes of these meetings were maintained. During the meetings, residents were asked for their opinion on areas of care such as activities, food provision and visiting. The residents' meeting was also one of the methods used by the staff/manager to keep residents up to date with guidance on COVID-19 and any changes in daily routines that this may bring. Minutes of meetings also reflected the responses from the manager in relation to any request, query or question posed by residents.

Quality improvement

We discussed recent quality improvements in the home to further enhance the residents' experience. A new summer house had been erected which was used to facilitate visiting. The summer house was heated and equipped with lighting. The manager confirmed that the summer house could also be used if a resident would like a quiet area to sit in.

The kitchen had been repainted and a new cooker and new microwave ovens purchased. Residents' bedrooms had been repainted and those residents, who could, were able to select their own colour combinations. The home had external redecoration completed and new blinds had been purchased for bathrooms. Additional planned improvements had to be put on hold due to the COVID – 19 pandemic.

Nutrition

We reviewed three residents' nutritional care records. Each resident had a nutritional assessment completed monthly or more often as required to assess for weight loss or weight gain. Monthly weight charts were updated. Nutritional care plans in place were up to date and indicated safe consistencies of food and fluids which the resident could consume as determined by the recommendations of other healthcare professionals such as the speech and language therapists and/or dieticians. A record of all multi-professional visits was maintained including dental reviews. Care plans were in place to prevent unwanted weight gain where this was appropriate. The care plans identified where residents required a special diet such as a diabetic diet and care plans identified the care required for denture users where appropriate. Records were maintained of residents' daily food and fluid intake.

We reviewed the current menus served in the home. A three week rolling menu was submitted for review. The menus offered a varied range of foods and there were meal choices available. The manager confirmed that if the resident did not prefer either choice of meal then an alternative meal would be provided for them. The gaps between meal times were appropriately spaced out and drinks and snacks were provided in between times. The menus were seasonal and the manager confirmed that these would be reviewed on a six monthly basis.

Safeguarding

The manager confirmed that there were no ongoing or recent safeguarding concerns relating to the home. The registered person was the adult safeguarding champion and was aware of their responsibility to complete an annual position report in relation to any decisions made regarding

adult safeguarding in the home. All staff had completed safeguarding training dependent on their role in the home. The manager confirmed that if any restrictive practice was implemented in the home as part of a resident's care; residents consent would be sought. Risk assessments would be completed to ensure that the practice would be safe for the patient and care plans would be developed and reviewed to ensure that the practice remained relevant.

Consultation

The home was notified of the planned inspection 28 days prior to the inspection date and an inspection pack was sent to the home at this time. This included an inspection poster which was displayed in the home and informed residents and their representatives of contact telephone numbers and/or an email address that they could contact to provide feedback on the care provision in the home. We did not receive any feedback.

We also provided the home with questionnaires to be distributed to residents, residents' representatives and staff. Staff also had the opportunity to complete an online survey.

Consultation with seven residents individually confirmed that living in Poyntzpass was a positive experience. Those who couldn't verbally communicate appeared settled and relaxed in their environment. Eight residents' questionnaires were returned. All respondents indicated that they were very satisfied or satisfied that the home was providing safe, effective and compassionate care and that the home was well led.

Residents' comments included:

- "I feel safe here. Staff come to me when I call them. The staff are nice. Diane is very nice to me. I like talking to her."
- "I am very happy here."
- "When I need help, staff come to me and help. The staff are kind. I like the food here. Diane helps me."
- "I like it here."

No residents' relatives/representatives were available for consultation during the inspection. Two residents' relatives/representatives questionnaires were returned. Both respondents indicated that they were either very satisfied or satisfied that the home was providing safe, effective and compassionate care and that the home was well led.

During the inspection we consulted with three staff. Staff had the option of completing an online survey or completing a questionnaire; we received eight questionnaire responses. Comments from staff included:

- "Any concerns voiced by a staff member are dealt with swiftly. All residents have a say in how their care is delivered."
- "Everyone knows what they have to do. There is good role clarity in the home."
- "It's grand here. A whole new learning curve at the minute with Covid."
- "I love it here. It is different with Covid but the residents are getting used to it."

Any comments from residents, residents' representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

Cards and letters of compliment and thanks were retained in the home and shared with staff. Some of the comments recorded included:

- “I really appreciate all the efforts in ensuring the residents have had as normal a life as possible during the past couple of months.”
- “Thank you very much for the care and extra attention you have shown to ... and all your residents at this difficult time. We really appreciate it.”

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Overall the feedback from the inspection was positive. There were stable management arrangements in the home and patients appeared to be happy and well cared for. There were no concerns raised regarding the staffing arrangements and staff had embraced infection prevention and control measures to keep everyone in the home safe. Nutritional care assessments had been completed to identify weight loss and weight gain and care plans were in place to direct the care as necessary. Cards and letters of compliment evidenced positive feedback from patients' relatives/representatives.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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