



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 21 February 2020



Poyntzpass Care Home

Type of Service: Residential Care Home
Address: 7 Tandragee Road, Poyntzpass BT35 6SL
Tel no: 02838318847
Inspector: Gerry Colgan

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 with 15 beds that provides care for residents living with learning disabilities. Residents are accommodated in three purpose-built five bedded bungalows which share the same site.

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	Total number of residents in the residential care home on the day of this inspection: 15

4.0 Inspection summary

An unannounced inspection took place on 21 February 2020 from 09.00 hours to 14.00 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management, the home's environment, record keeping, audits and reviews, and communication between residents, staff and other key stakeholders. There were further examples of good practice found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, taking account of the views of residents, robust governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Residents were seen to be relaxed and comfortable in their surroundings and in their interactions with staff and described living in the home in positive terms.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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, 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.

4.2 Action/enforcement taken following the most recent inspection dated 26 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 26 September 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas from 10 February 2020 to 8 March 2020
- staff training records
- three residents' records of care
- complaint records
- accident and incident records from September 2019
- cleaning records
- records of meals provided
- minutes of staff meetings

- minutes of resident meetings
- sample of policies and procedures
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Diane Clarke at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 26 September 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13.(7) Stated: First time	The registered person shall make arrangements to minimise the risk of infection and toxic conditions and the spread of infection between residents and staff, with reference to the specific areas mentioned in section 6.2.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and a review of the environment confirmed that all the necessary steps have been taken to address the specific areas mentioned in section 6.2 of the previous report.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 9.3 Stated: First time	The registered person shall ensure a referral is made for a professional assessment to be completed for the identified resident regarding their mobility for getting on and off transport provided.	Met
	Action taken as confirmed during the inspection: A review of the identified residents care records confirmed that a referral had been made for a physiotherapist assessment	

	regarding their mobility for getting on and off transport provided.	
Area for improvement 2 Ref: Standard 8 Stated: First time	The registered person shall ensure there are robust recording and reporting arrangements in place which ensures residents' records are accurate and informative and shared with others. This includes reviewing the handover process to ensure all relevant information is shared accordingly.	Met
	Action taken as confirmed during the inspection: A review of care records including daily recording, discussion with the manager and staff confirmed that residents' records are accurate and informative and shared with others.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The 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 review of the duty rota from 10 February 2020 to 8 March 2020 confirmed that it reflected the staff working in the home.

Discussion with the manager confirmed that mandatory training, supervision and annual appraisal of staff were regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

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 manager's absence. Staff competency and capability assessments were reviewed and found to be satisfactory.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements and contact information. The manager advised an annual safeguarding position report will be completed for the period 1 April 2019 to 31 March 2020. The manager was knowledgeable and had a good understanding of adult safeguarding principles and was aware of her 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.

The manager advised there were restrictive practices within the home, notably the use of keypad external gate entry system, lap belts, pressure alarm mats, door alarms, and management of smoking materials. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Staff training records evidenced that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Observation of practice and discussion with the manager established that staff 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, and towels wherever care was delivered. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats. The manager reported that there had been no outbreaks of infection within the last year.

A review of the home’s environment was undertaken and included observations of residents’ bedrooms, bathroom, lounges, dining room, kitchen and storage areas. Residents’ bedrooms were found to be individualised with photographs, memorabilia and personal items with refurbishment plans ongoing to ensure that the homes environment is maintained. The three bungalows were found to be warm, well decorated, fresh smelling and clean throughout. Residents spoken with were complimentary in respect of the home’s environment.

Review of staff training records confirmed that staff had completed fire safety training twice annually. Residents were also supported to complete fire safety training; this is good practice. Walkways and exits in the home were kept clear; there were no obvious fire hazards within the home environment.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

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

Records were stored safely and securely in line with data protection. We reviewed three care records; all had an up to date assessment of needs, life history, risk assessments, care plans

and daily statements of health and well-being of the residents. Records showed care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The care records were 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. An individual agreement setting out the terms of residency was in place and appropriately signed.

A varied and nutritious diet was provided to meet the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, residents are encouraged to participate in preferred activities, and supported with their preferred rising and retiring times.

The 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. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager confirmed that she operated an open door policy with regard to communication within the home.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, 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

6.5 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.

We arrived in the home at 09.00 and were greeted by the manager who was helpful and attentive. Some residents were enjoying breakfast whilst others were going off with staff for their daily morning walk as was their personal preference.

The manager demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and how to provide comfort if required. The manager advised that staff working in the home promoted a culture and ethos that supported the values of dignity and respect of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. The manager described her awareness of promoting residents' rights, independence, and dignity and explained how confidentiality was protected.

Discussion with the manager, residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner; and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care; other systems of communication included residents' meetings. The manager advised because of the size of the home residents views were responded to on an informal and daily basis.

Discussion with the manager, 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.

The environment had been adapted to promote positive outcomes for the residents. Bedrooms were spacious and personalised with possessions that were meaningful to the resident and reflected their life experiences.

Residents and staff spoken with during the inspection made the following comments:

- "I am here about a year now. It's a good spot. I am well cared for." (resident)
- "It's lovely here. I am going out now for my lunch." (resident)
- "Management are very supportive, I think residents needs are met they are happy. Any concerns would be addressed straight away; there is a good staff team." (staff)

Three completed questionnaires were returned to RQIA from residents. All three respondents described their level of satisfaction as very satisfied. The following comment was provided:

- "The staff are very good to me."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives 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

6.6 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 manager outlined the management arrangements in place within the home and stated that 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. Residents and/or their representatives were made aware of how to make a complaint by way of information on display in the home. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

A review of accident, incident 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 was reviewed as part of the inspection process.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Staff were provided with mandatory and additional training opportunities relevant to their role and the needs of the residents. We reviewed staff training records specific to the Mental Capacity Act (Northern Ireland) 2016 deprivation of liberty safeguards (DoLS) which evidenced that the majority of staff had completed Level 2 training. Staff demonstrated a

general knowledge of what a deprivation of liberty is and how to ensure the appropriate safeguards are in place.

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.

A monthly visit by the registered provider was undertaken and a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified. The registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

The home had a whistleblowing policy and procedure in place and discussion with the manager confirmed that all staff were aware of the policy. The manager advised that staff could also access the Trust to raise concerns.

Discussion with the manager, residents and staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

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

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



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