



Unannounced Care Inspection Report 26 September 2019



Poyntzpass Care Home

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

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 registered residential care home which provides care for up to 15 residents within the categories of care as outlined in Section 3.0 of this report. The home consists of three five bedroom bungalows on one 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: Marion Mc Parland	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: 8

4.0 Inspection summary

An unannounced inspection took place on 26 September 2019 from 10.00 hours to 17.00 hours.

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

Evidence of good practice was found in relation to staffing, supervision and appraisals, staff training, communication with other professionals, health and wellbeing improvement plans and maintaining good working relationships.

Areas requiring improvement were identified in relation to infection prevention and control practices, ensuring a mobility assessment was completed for an identified resident and reviewing the recording, reporting and handover arrangements in the home.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents and staff during 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	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Marian McParland, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection. Diane Clarke registered manager was also given feedback via telephone call following the inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 13 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 13 February 2019. No further actions were required to be taken following the most recent inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included 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. Nine completed questionnaires were returned from residents and/or their representatives within the identified timescale. All respondents indicated they were very satisfied with the care provided in the home.

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

- staff duty rotas
- staff training schedule and training records
- staff supervision and appraisal information / schedule
- three residents' records of care
- complaint records
- governance audits/records
- minutes staff meetings
- minutes residents meetings
- cleaning records
- accident/incident records from February 2019 to September 2019
- reports of visits by the registered providers representative

- fire drill records
- RQIA registration certificate

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 13 February 2019

There were no areas for improvements made as a result of the last care inspection.

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.

On arrival residents were up, washed and dressed; we observed that a group of residents were getting on to the bus for day care. A number of other residents remained in the home. Staff were observed assisting residents on to the transport. We observed one resident as being unsteady getting on to the bus; two staff were available to support the individual and helped them to become seated. This issue was later discussed with the deputy manager. Records reviewed showed there had been a recent moving and handling assessment completed with physiotherapist input for mobilising within the home. The value of ensuring an assessment was also completed for the resident mobilising on and off the bus was discussed. An area for improvement was identified.

The deputy manager explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers would be adjusted when needed. No concerns were raised by residents or staff regarding staffing levels in the home.

Residents spoken with confirmed staff were available to help when needed. The staff duty roster reviewed reflected staff on duty over the 24 hour period.

The deputy manager explained that all care staff were registered with the Northern Ireland Social Care Council (NISCC) and there was a system in place to ensure registrations were tracked and regularly reviewed.

Staff spoken with said they received good support from the manager who was described as being "very approachable". Staff confirmed they also received regular supervision and appraisal. Records available in the home showed completion levels for same.

Staff training records were reviewed and evidenced that mandatory training was being provided for staff and maintained on an up to date basis. Review of training records showed staff had completed additional training relevant to help support residents including for example epilepsy awareness.

The deputy manager outlined the arrangements in place regarding the adult safeguarding champion for the home. The annual safeguarding position report shall be reviewed at a future inspection. Staff training in adult safeguarding was included within mandatory training records and staff were able to describe different types and signs of abuse and explain what action they would take if they suspected or witnessed any form of abuse.

Accident and incident records were reviewed, the measures in place to minimise the risk of falls included, for example completion of fall risk assessments and referral to relevant professionals, for example physiotherapy or occupational therapist regarding the provision of various aids and equipment to aid mobility as needed.

We undertook an inspection across the three bungalows. Residents' bedrooms were found to be personalised with items of special interest displayed including photographs, favourite football teams memorabilia and musical interests. We found one of the bedrooms had a notice board in use which included a resident's individual schedule. This was difficult to follow as the information had become blurred and illegible. The need to replace this with a clearer and more user friendly version was discussed. Following the inspection the registered manager confirmed a new version had been purchased and erected in the identified bedroom. The need to ensure information displayed was in a suitable format for the resident was discussed with the registered manager. This shall be followed up at a future inspection.

Areas within the home were observed to be comfortably heated and odour free. Some areas within the home were identified as being in need of thorough cleaning these included for example high areas in an identified kitchen, skirting boards, door frames, kitchen floorings, the underside of toilet seats and hand towel dispensers. During the inspection these areas were brought to the attention of the deputy manager. An area for improvement was identified. The deputy manager explained that a bathroom in one of the bungalows had recently been fully refurbished and plans were in place for the other bathrooms to also be replaced. The newly refurbished bathroom was viewed and was found to be finished to a high standard.

The deputy manager advised there were restrictive practices in use in the home including for example a secure gate on driveway. The deputy manager advised there was also for example an alarm sensor in use for an identified resident. Records reviewed reflected the use of restrictive practices.

We observed a good supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents. Review of training records showed staff completed training in infection prevention and control (IPC). Discussion with staff confirmed they were aware of procedures to reduce or minimise the risk of infection, the importance of handwashing, and outlined cleaning arrangements in the home. It was noted cleaning records had not been fully completed; this issue was discussed with the registered manager following the inspection.

Walkways throughout the bungalows were kept clear and free from obstruction. Fire doors were managed appropriately. Information available in the home showed the most recent fire safety risk assessment had been completed on 12 September 2019; the report had not yet been

produced. Records available in the home showed fire drills were completed on a regular basis and reflected the names of staff who attended and any learning outcomes.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training, supervision and appraisal, adult safeguarding, risk management and recent improvements to home's environment.

Areas for improvement

Two areas for improvement were identified; these related to ensuring a moving and handling assessment was completed for an identified resident for getting on and off the bus and review of cleanliness and over-all infection prevention and control procedures of the home.

	Regulations	Standards
Total numb of areas for improvement	1	1

6.4 Is care effective?

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

Staff spoken with were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

We reviewed three care records. There was evidence within the care records that they had all been recently reviewed and updated. Risk assessments were completed and reviewed on a regular basis. Risk assessments and associated care plans had been completed in relation to for example falls, moving and handling and choking. Management plans were also in place in the instances if a resident having epilepsy. Records showed regular visits from different professionals and evidenced ongoing input regarding care. Records showed residents had completed an annual health check and there was evidence of health and wellbeing improvement plans in place which is good practice. Records also contained individual hospital passports which can be helpful in the event of a resident being admitted to hospital.

The deputy manager advised care reviews were maintained on an up to date basis. It was noted from review of records for one identified resident there had been some changes with regards to their presentation in the months following their review. The need to ensure this information was shared with the relevant trust representative was discussed. Following the inspection the registered manager confirmed the relevant trust representative had been informed accordingly.

There was evidence of speech and language therapist (SALT) guidance in one of the care records reviewed. The deputy manager confirmed all staff were aware of resident specialist dietary requirements. Information relating to International Dysphagia Diet Standardisation Initiative (IDDSI) was displayed in kitchen areas for staff awareness.

There was good evidence of effective team work, staff confirmed they were kept up to date with any changes and said there was good communication within the home. Staff demonstrated good knowledge of residents' care needs and confirmed that all residents' care needs were being met. Review of staff meeting minutes showed that the last meeting was held September 2019.

The deputy manager explained review of residents' progress was ongoing and there were regular updates provided by staff to visiting professionals including occupational therapists, GP, and district nurses. From observation and discussion with one resident it was apparent they had sustained a minor injury; the resident shared with the inspector how this had happened. Review of the relevant care records showed this had not been recorded. The need to ensure records maintained detail relevant information in relation to residents' care was discussed with the deputy manager. Following the inspection this issue was discussed with the registered manager who was advised to review the handover process in the home to ensure there was a robust system in place to ensure all relevant information was recorded and shared appropriately on an ongoing basis. An area for improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the review and updating of care plans and risk assessments, and evidence of health and wellbeing improvement plans.

Areas for improvement

One area was identified for improvement in relation to recording and reporting arrangements.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Residents that remained in the home during the inspection were observed watching TV or doing crafts while other engaged in light house hold chores. We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere within the home, with residents and staff interacting throughout the day.

Throughout the inspection staff interactions with residents were observed to be compassionate staff displayed knowledge of residents' preferences and assessed needs and shared how they would communicate with residents with limited communication skills.

Residents spoken with in keeping with their capabilities confirmed they enjoyed their life in the home and confirmed they were well supported by staff.

Residents' preferences and interests were reflected within care records and staff demonstrated good awareness and understanding of residents likes and dislikes. Care records reviewed outlined residents preferred activities. A number of residents attend day care activities during

the week. Staff shared that residents were also supported with home days and to access local community events and visit local shops, cafes, go ten pin bowling, and have day trips to Newcastle, Ballintoy, and Portrush. Residents were also supported to attend their place of worship. Records available in the home showed the views of representatives were formally sought in June 2019 with regard to assessing their level of satisfaction with care provided in the home.

Staff described how they aim to promote residents’ independence, for example by way of encouragement, to help residents maintain their independence as best as possible. Residents are also consulted with regularly including monthly meetings to gather their views and find out if there is anything that they particularly would like to do or focus on.

Comments from residents and staff included:

- “I’m happy here, aye, have everything that I need.” (resident)
- “I’m happy enough, everyone is nice.” (resident)
- “I like it.” (resident)
- “I absolutely love working here, it’s like one big family. It’s a lovely place to work.” (staff member)

Following the inspection nine complete questionnaires were returned completed by residents and or representatives. All respondents indicated that they were very satisfied with the care provided.

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 resident and their representatives.

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 certificate of registration issued by RQIA was appropriately displayed. This certificate identifies the management arrangements for the home and the maximum number of residents allowed to be accommodated in the home. Discussion with the deputy manager and staff, and observations confirmed that the home was operating within its registered categories of care.

The deputy manager outlined the organisational structure of the home and explained how the registered manager is supported in her role by the deputy manager, senior carers and carers. Staff shared that the home's manager was 'very approachable' and they felt they had good relationship with management.

The deputy manager remained on duty throughout the inspection. Staff we spoke with demonstrated good understanding of their roles and responsibilities. The home retains a wide range of policies and procedures in place to guide and inform staff. The deputy manager advised mandatory training was maintained on an up to date basis. In addition, staff completed additional training specific to residents' needs including epilepsy management and diabetes awareness.

Review of notifiable events showed they were recorded and reported onwards appropriately to RQIA and other relevant bodies as necessary.

The deputy manager explained that a selection of monthly audit checks were completed including, for example environmental checks, care plans, accidents and incidents, falls, medication and staff training. Additional management oversight and quality assurance was undertaken by way of the monthly monitoring visits undertaken by the registered provider's representative. Review of reports showed they included action plans to address areas for improvement and were followed up on a monthly basis. An annual quality review report had been completed for the period up until July 2019; this report highlighted the position of the home in relation to a number of quality indicators and outlined improvements made in the previous year.

The home had a complaints policy and procedure in place. A copy was displayed in a central part of the home. There had been no new complaints since the last care inspection.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marian McParland, deputy manager and Diane Clarke, registered manager via telephone following the inspection as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13.(7)</p> <p>Stated: First time</p> <p>To be completed by: 27 September 2019</p>	<p>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.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The areas mentioned have all been addressed. Some of the toilet seats were discoloured underneath, although the were clean. They have all now been replaced.</p> <p>The home is one field away from Newry Canal. At the time of inspection slurry had been sprayed in this field by the farmer. This is annual problem usually at the end of August until October and has been identified by the home. Fly screens have been put in place 2 years ago on all windows and insectocutors have been put in place in all kitchens.</p> <p>However, due to the nature of our client group doors are left open and lights are left on, preventing eradicating this problem completely.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p> <p>To be completed by: 9 October 2019</p>	<p>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.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A full Mobility Risk Assessment had been carried out for the identified resident on the 26/06/19. A risk assessment was in place from 27/09/18 following assessment by Patricia McGibbon (Physiotherpaist) (regularly reviewed) regarding getting on and off transport. Following reccomendation a further assessment was carried on 04/10/19 by Southern Trust Physiotherapy Department - with no further identified reccomendations.</p> <p>The lady in question has ongoing challenging behaviour and a very detailed Challenging Behaviour Care Plan compiled in conjunction with the Behaviour Support Team is in place.</p> <p>This was identified to Inspector on the day of Inspection.</p> <p>The issues on that day were not Mobility but reoccurring challenging behaviour issues. The Care Plan is current and workable.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2019</p>	<p>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.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>There are robust recording and reporting arrangements in place ensuring residents records are accurate and informative and shared with others.</p> <p>There was a slight graze on this residents head which he stated he had carried out using a comb. It had not been noticed either by ourselves or in the complete health check carried out by Trust staff the previous day. The graze in question had only become noticeable on day of inspection as the resident stated he had picked at it.</p>

Please ensure this document is completed in full and returned via Web Portal



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