

Unannounced Care Inspection Report

29 April 2016



Poyntzpass 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

1.0 Summary

An unannounced inspection of Poyntzpass Care Home took place on 29 April 2016 from 10:30 to 17:00.

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?

One recommendation was made relating to the updating of the homes policy on safeguarding to reflect the new regional adult safeguarding guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 and to include the details of the identified safeguarding champion.

Some examples of good practice included residents' bedrooms being personalised with photographs, pictures and personal items, the home was fresh smelling, clean and appropriately heated. Also, care records showed that individual care needs assessments and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

Is care effective?

No requirements and recommendations were made. Some of the good practices highlighted included the referral to other healthcare professionals in a timely and responsive way. Resident meetings being held monthly and representative meetings held bi-annually.

Is care compassionate?

No requirements and recommendations were made. Discussion with staff, residents, and observation of practice and review of care records confirmed that arrangements were in place for residents to maintain links with their friends, families and wider community.

Is the service well led?

No requirements and recommendations were made. Staff spoken with confirmed that they were familiar with the organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

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	1

Details of the QIP within this report were discussed with Mark Hamill, Senior Care Worker in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

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: Armagh Care Services/Mr Daniel McHugh	Registered manager: Mrs Diane Clarke
Person in charge of the home at the time of inspection: Mark Hamill	Date manager registered: 01/04/2005
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 15
Weekly tariffs at time of inspection: £528 - £1100 per week	Number of residents accommodated at the time of inspection: 15

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents reported to RQIA since the previous inspection on 21 October 2015, the returned Quality Improvement Plan (QIP) and the previous inspection report.

During the inspection the inspector met with 15 residents, two care staff, and one visiting professional. There were no resident's visitors/representatives present during the inspection period. The registered manager was also not present during the inspection, the person in charge was made aware that RQIA should be informed if the registered manager was expected to be absent from the home for a continuous period of 28 days or more.

The following records were examined during the inspection:

- Three care records
- Staff duty rota
- Competency and capability assessments
- Staff training records
- Relevant policies and procedures
- Monthly monitoring reports
- Annual Quality Review Report
- Minutes of residents
- Minutes of staff meetings
- Accident and incident notifications
- Complaints records
- Fire Safety Risk Assessment

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21/10/2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 21/10/2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 1.6 Stated: First time	The registered manager should ensure the questionnaire distributed to residents is reviewed and revised to be presented in a more user friendly format taking into consideration sentence length and the use of visual aids.	Carried Forward
	Action taken as confirmed during the inspection: The recommendation was not reviewed on this occasion but shall be carried forward to the next inspection.	

Recommendation 2 Ref: Standard 6.2 Stated: First time	The registered manager should ensure that the identified residents care plan is amended to reflect that they may choose to attend day care up to five days per week noting however they may also choose not to attend on occasions.	Carried Forward
	Action taken as confirmed during the inspection: The recommendation was not reviewed on this occasion but shall be carried forward to the next inspection.	

4.3 Is care safe?

The person 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 residents and staff.

On the day of inspection the following staff were on duty 2 x Senior care workers, 2 x care workers from 08:00 until 20:00 with one staff member remaining on until 21:00. Two wakened night duty staff from 20:00 to 08:00.

The person in charge confirmed that all staff complete an induction programme relevant to their specific roles and responsibilities upon commencement of employment at the home. These records were not available in the registered manager's absence. These shall be viewed at the next inspection.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided.

The person in charge 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 sample of staff competency and capability assessments were reviewed these had been completed appropriately.

A policy and procedure was in place regarding adult safeguarding. It was noted this did not make reference to the new regional adult safeguarding guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015. A recommendation was made that the policy and procedure should be updated accordingly to include relevant information regarding the new guidance and identify a safeguarding champion for the home. Staff spoken with 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 confirmed that mandatory adult safeguarding training was last provided for all staff in May 2013. We discussed with the person in charge the benefits of completing safeguarding training on an annual basis as this would be good practice. The person in charge confirmed that plans were in place to ensure training was provided within the required timescale.

Discussion with the person in charge, 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.

A general inspection of the home was undertaken to examine a number of residents' bedrooms and en-suite bathrooms, communal lounges, bathrooms. The residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff members established that they were knowledgeable and had understanding of IPC policies and procedures. 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 person in charge confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the person in charge identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The person in charge confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the person in charge and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly for example fire safety.

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.

The person in charge confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated, 20 July 2015, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 11 April 2016 records were 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 weekly/monthly as required and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

One area for improvement was identified during the inspection this related to the updating of the homes policy and procedure regarding adult safeguarding to include the new regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 and to identify a safeguarding champion for the home.

Number of requirements:	0	Number of recommendations:	1
--------------------------------	---	-----------------------------------	---

4.4 Is care effective?

Discussion with the person in charge established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records 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 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. Discussion with staff confirmed that a person centred approach underpinned practice.

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 person in charge confirmed that records were stored safely and securely in line with data protection.

The person in charge 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 care plans and accidents and incidents were available for inspection and evidenced that actions identified for improvement were incorporated into practice. Further evidence of audits was contained within the monthly monitoring visits reports and the annual quality report

The person in charge 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 person in charge and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents and other key stakeholders.

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 meetings were available for inspection. Separate representative meetings are held bi-annually.

The person in charge confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who required specialist supports.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	---	-----------------------------------	---

4.5 Is care compassionate?

The person in charge 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 the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

The person in charge and residents confirmed that consent was sought in relation to care and treatment. Residents, staff, visiting professional and observation of interactions 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.

Discussion with staff, residents, and 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.

In accordance with their capabilities all residents' indicated or expressed that they were happy with their placement, the support of staff and the care provided. Some comments from residents included:

- "I like it here very much, I have all that I need. I was away (on holiday), I just got back yesterday. The staff help me if I need it"
- "I love it here, I really do. The staff are good, I like going out to different places"
- "I am happy here, I like going out"

The person in charge confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, and residents, 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, and/or their representatives, were sought and taken into account in all matters affecting them.

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.

Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	---	-----------------------------------	---

4.6 Is the service well led?

The person in charge 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. Staff confirmed policies and procedures were systematically reviewed annually 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 and information on display in the home.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. There were no new complaints made from the previous inspection.

Arrangements were in place to share information about complaints and compliments with staff. The person in charge 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. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires.

Discussion with the person in charge 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.

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.

There was a clear organisational structure and 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.

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.

Inspection of the premises confirmed that the home's certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the person in charge confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The person in charge confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The person in charge 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 person in charge confirmed there were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	---	-----------------------------------	---

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mark Hamil, person in charge as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

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 person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1 Ref: Standard 16.1 Stated: First time To be completed by: 29 July 2016	<p>The registered person should ensure that the policy and procedure for safeguarding adults is updated to reflect the regional safeguarding guidance Adult Safeguarding Prevention Protection in Partnership (July 2015) and also to include relevant information regarding the identified safeguarding champion for the home.</p> <p>Response by registered person detailing the actions taken: Reference to the regional safeguarding guidance Adult Safeguarding Prevention Protection in Partnership (July 2015) has now been added to the Policy.</p>
Recommendation 2 Ref: Standard 1.6 Stated: Carried forward To be completed by: 29 July 2016	<p>The registered manager should ensure the questionnaire distributed to residents is reviewed and revised to be presented in a more user friendly format taking into consideration sentence length and the use of visual aids.</p> <p>Response by registered person detailing the actions taken: Residents questionnaires have been reviewed and are now in a more user friendly format - This has been done from last Insepection 21/10/15.</p>
Recommendation 3 Ref: Standard 6.2 Stated: Carried forward To be completed by: 29 July 2016	<p>The registered manager should ensure that the identified residents care plan is amended to reflect that they may choose to attend day care up to five days per week noting however they may also choose not to attend on occasions.</p> <p>Response by registered person detailing the actions taken: Care Plan now reflects the above - This has been done from last inspection 21/10/15</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



The Regulation and
Quality Improvement
Authority

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