



The Regulation and
Quality Improvement
Authority

River House
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Inspector: Priscilla Clayton
Inspection ID: IN024005

**Announced Post Registration Inspection
of
River House**

17 December 2015

The Regulation and Quality Improvement Authority
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1. Summary of inspection

An announced post registration care inspection of River House took place on 17 December 2015 from 09.30 to 14.30. The home was registered with RQIA as a residential care home conducted on 6 November 2015. Michelle Sinnamon who was appointed as registered manager has since resigned her post. Julie Beacom, the new manager appointed on 2 December 2015, was on duty throughout the inspection. The new manager has settled well into her new post and is currently reviewing all systems and processes in the day to day management of the home.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards (2011).

One resident accommodated on the day of inspection was out in arranged day care. A second resident, who was not accommodated on the day of inspection, has a planned admission for the weekend, is currently on a phased transitional admission arranged through the commissioning HSC Trust.

On the day of the inspection the home was found to be delivering safe, effective and compassionate care. One requirement identified for improvement from this inspection related to the development of staff supervision.

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the pre- registration inspection undertaken on 3 November 2015.

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirement	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

Details of the QIP within this report were discussed with the newly appointed manager, Julie Beacom, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Parkcare Homes No2 Ltd/Mrs Sarah Hughes	Applicant Registered Manager: Julie Beacom – registration pending.
Person in charge of the home at the time of post registration inspection: Julie Beacom	Date manager registered: Registration pending.
Maximum number of residents which can be accommodated: 6	Number of residents accommodated on the day of inspection: 1

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if home was well led providing safe, effective and compassionate care.

4. Methods/processes

Specific methods/processes used in this inspection included the following:

Prior to the inspection the following information was analysed:

- RQIA report and returned QIP of the previous pre- registration inspection dated 3 November 2015.
- Accident/incident notifications submitted to RQIA
- Correspondence

Discussion was held with five staff including the newly appointed manager, Julie Beacom, one senior care, two care staff and the positive behavioural specialist.

The following records were examined and discussed during the inspection:

- Previous QIP and verification of action taken to address the three requirements
- Two care records and person centred care plans including multi-element support plans
- Care review records
- Accident / Incident records
- Complaints records
- Staff training / induction records.
- Staff recruitment records
- Staff recruitment policy
- Audit records
- Staff supervision policy
- Staff register
- Staff duty roster
- Monthly monitoring visits made on behalf of the registered provider.

5. The inspection.

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced pre- registration inspection on 3 November 2015. The inspection was undertaken by one care and one estates inspector. The improvements set within the QIP related to estate improvements. Action taken by the registered manager was recorded in the QIP, returned to RQIA and approved by the estates inspector.

5.2 Review of requirements and recommendations from the last joint Care/Estates inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (2) Stated: First time To be Completed by: 1 December 2015	The results of the water samples taken following the commissioning of the premises hot and cold water systems should be forwarded to RQIA for approval once received. Action taken as confirmed during the inspection: Results of the water samples were forwarded to RQIA and approved by the estates inspector.	Met
Requirement 2 Ref: Regulation 27 (2) Stated: First time To be Completed by: 1 December 2015	Ensure that the newly formed entrance to the rear flat on the lower ground floor is suitably redecorated and the ground surfaces in the vicinity of this entrance made good. Action taken as confirmed during the inspection: The rear entrance to the home has been painted. The manager stated a further coat of paint would be applied when the weather improved.	Met
Requirement 3 Ref: Regulation 27 (2) Stated: First time To be Completed by: 1December2015	Ensure that suitable shelving is provided in the Cleaner's Store. Action taken as confirmed during the inspection: Inspection of the cleaners store evidenced that shelving has been installed.	Met

5.3 Is the care safe?

The home's staff recruitment policy outlines the mechanism for ensuring appropriate appointment of staff. Two staff files examined provided evidence of a robust recruitment process. Proof of identity, references and Disclosure and Barring Service (DBS) checks were included in the files.

Examination of the staff duty roster evidenced recorded staffing levels provided over the twenty four hour period. The manager and three staff confirmed that staffing was safe for the number and dependency levels of residents. A staff duty roster was in place showing the variation in staffing levels which depended on the number and dependency levels of residents, as commissioned and agreed by the HSC Trust. The manager and staff also confirmed that extra staff support, and back up cover, from their bank staff was provided when required. Staff felt that the employment of an "on site" full time positive behavioural specialist was very beneficial in regard to the overall risk management of residents with complex behavioural needs. Support in regard to observed practice, training and reflective practice sessions has been established by the specialist. This is to be commended.

The home had a structured staff induction programme which included two weeks training specific to learning disability. Shadowing by an experienced mentor was also provided for all newly appointed staff. Records examined evidenced that new staff receives core mandatory and other training including:

- Moving and handling – 26/11/15
- Medications management / administration – 6/11/15
- First Aid – 30/11/15
- Positive Behavioural Support – 5/11/15
- Strategies for Crisis Intervention and Prevention (SCIP) - 5/11/15
- Bespoke Holds- person specific - 13/11/15
- Safeguarding Vulnerable Adults – 27/11/15
- Nutrition and Menu planning – 22/10/15
- Care Planning / Record Keeping – 30/10/15
- Fire Safety – 20/10/15
- Health and Safety /COSHH – 28 /11/15
- Food safety and catering – 4/11/15
- Infection prevention and control – 28/10/15
- Epilepsy awareness and Buccal Midazolam – 29/10/15
- Legal accountability including restrictive practices – 4/11/15

Records of induction, including mandatory training, were retained within staff files.

Staff confirmed that they have direct access to all policies and procedures which are held centrally in the staff team office.

The positive behavioural specialist explained the content of staff training in crises intervention included the proactive approach utilised where the potential for a crises situation is an identified risk.

The training entitled "Strategies for Crises Intervention and Prevention (SCIP)" also included comprehensive training in respect of person - specific, bespoke holds and an overview of the law in relation to human rights, values and attributes, understanding behaviour and examining health and safety principles.

An assessment record of competence of each staff member was recorded and signed.

The manager and three staff confirmed to us that they felt the care provided within the home was very good. On the day of inspection there was one senior care, two care staff, one positive behavioural specialist and the manager on duty. The one resident accommodated was out of the home in attendance at day care. An additional resident, being admitted in a phased transitional arrangement by the commissioning HSC Trust, was expected at the weekend.

The care record files of two residents were inspected. Files contained pre-admission assessments, post admission holistic needs assessments which were complemented with robust up to date risk assessments. Person centred care plans including personalised needs and preferences. Multi-element support plans, developed by the behavioural support specialist in consultation with parents and other commissioning HSC Trust multi-professional staff. Current daily notes/ evaluations and reviews were in place.

One matter discussed with the manager related to the absence of daily progress notes which were not recorded in care records prior to 6 December 2015. The manager explained that brief notes had been recorded by staff at that time in centrally held hand over reports but not in care records in accordance with the home's policy. The manager confirmed that this matter had been addressed by her and staff training had been provided. Daily progress notes from 6 December 2015 were recorded in two care records examined.

Accidents/ incidents records were examined and discussed with the manager. One recent accident, which was notified to RQIA, had been fully investigated by the commissioning HSC Trust. Measures to minimise recurrence, included improved communication, had been discussed and agreed with the multi-professional team, behavioural support specialist and parents. Full details were reflected within the specialist behavioural support management care plans inspected.

Notifications of accidents/incidents were being submitted to RQIA as required.

The home has a policy/procedure on staff supervision and appraisal. The manager explained that she was keen to provide staff supervision as soon as possible when training is provided for senior staff to undertake this role with care staff. The manager reported that she was going to undertake supervision with senior care staff and that frequent informal group/ reflective practice sessions do take place during staff meetings. This was noted in minutes inspected. One requirement was made in regard to the provision of staff supervision for all staff.

Is care effective?

Discussions with the manager and staff indicated that an appropriate number of suitably skilled and experienced staff was available in the home at all times. Staff rota information viewed reflected staffing levels and the number/skill mix allocated to each shift. Staff handover reports are presented and recorded at the end of each shift.

The home retains a staff register of all staff employed which included full details providing a tracking reference of information in regard to commencement, qualifications and leaving dates.

Staff confirmed that job descriptions outlining roles and responsibilities were received. Staff could describe their roles and responsibilities including communication and reporting of concerns/ issues arising to the manager. Staff reported that the manager operates an "open door" approach and they would not hesitate in reporting any concerns or issues.

Two staff files examined contained evidence of a thorough induction programme. Files contained individual certificates for training provided.

Minutes of staff meetings were recorded with staff in attendance included.

The manager reported that training in staff supervision is planned for the near future. One requirement was made in regard to staff supervision

Staff confirmed they have access to all policies and procedures including Safeguarding of Vulnerable Adults and Whistleblowing. Staff demonstrated awareness and knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing.

There was recorded evidence of the first monthly quality monitoring report, dated 4 December 2015, made on behalf of the registered provider with full details recorded.

Audits undertaken in the home, dated 27 November 2015 were in place. These included, for example, audit of the environment, medications, accidents/ incidents, complaints (none received), care records and staffing. Action taken to address improvement issues was addressed and recorded by the manager.

Staff who spoke with the inspector stated they felt care that provided was at a very good standard with person centred care plans established and frequently reviewed by the behavioural specialist, parents and the multi-professional team. Records showed that the manager and staff were working closely with the HSC Trust care manager and professionals with regard to all aspects of care provided. The manager explained that, where appropriate staff work closely with the parents of residents, consulting, discussing and agreeing all aspects of care and life in the home.

Inspection of the home including all facilities evidenced a good standard of hygiene, clutter free and fresh smelling throughout. All fire doors were closed and unobstructed. Staff training in fire safety had been provided and recorded.

Is care compassionate?

The home's Statement of Purpose and Resident Guide reflects that staff will ensure that the belief and values of each resident are embedded in the day to day operation of the home. The manager and staff explained that values form an important part of care provision including privacy, dignity, independence, choice, rights and fulfilment.

Care records examined reflected individualised assessments and person centred care plans with needs, including choice and preferences, dignity and respect recorded in a manner which promotes the interests and independence of the resident.

The home has a process in place to maintain a record of comments made by residents/ representatives and staff in relation to the provision of care and life in the home. These were reflected within the monthly monitoring report undertaken on behalf of the registered provider. Comments recorded were noted to be positive. Staff explained that they would not hesitate to report any issues or concerns to the manager.

The induction programme, and discussion with the manager and staff, indicated that staff induction is specific to the needs of residents. Care staff described how the induction process takes into account the consent, privacy and dignity of residents.

The home has a complaints policy/ procedure. In addition the procedure to follow was reflected within the home's Statement of Purpose and Resident Guide. The manager confirmed that no complaints had been received since the opening of the home.

The manager confirmed that she frequently meets with relatives to seek their views on the service provided including discussion on any areas for improvement. This is to be commended.

Management arrangements

We were unable to ascertain the views of residents who live in the home as the one resident accommodated on the day of inspection was out at day care.

The newly appointed manager, Julie Beacom, took up post on 2 December 2015 following resignation of the registered manager on 1 December 2015. Ms Beacom, who was on duty throughout the inspection, is employed 40 hours each week, has settled in very well into her new post. Ms Beacom confirmed that her application for registration as manager has been countersigned by the registered provider and had been submitted for approval to RQIA.

Regular staff meeting were being held with minutes recorded.

There was evidence of a robust recruitment process in place with records of all required documents contained within in two randomly selected records examined.

Monthly monitoring visits made on behalf of the registered provider had commenced with one completed on 4 December 2015. Examination of the report evidence that monitoring details were recorded as required with identified areas for improvement noted.

The manager reported she has almost completed a review of all systems and process in the home and where necessary made changes, in consultation with senior management staff, relatives and residents to bring about improvement. For example; audits undertaken are planned to continue with action taken and recorded to address recommended improvements. To date these include; improved modes of communication with families and maintenance of care records by staff.

The manager explained that staff supervision had not been established and she intends to ensure that this is established as soon as training for senior care staff has been provided. One requirement was made in regard to the provision of staff supervision.

There was strong evidence of staff working in partnership with the commissioning HSC Trust. This was confirmed via records, within care plans and through discussions with the manager and senior care staff. The manager explained how relatives are integral members of the team and would consult with them in regard to all aspects of care and life in home. This was evidenced in care records retained and is to be commended.

Staff reported that they had a very good working relationship with the new manager who they described as "very approachable and professional, hard-working, conscientious, supportive and involved them in the decision making." Staff also confirmed that they worked very well as a team and that staff meetings had been established and held on a regular basis. There was evidence that staff were encouraged to be involved in the development and improvement of the service within the staff meeting agenda/ minutes.

We saw that accidents and incidents were recorded appropriately. The manager explained that she was monitoring these undertaking an analysis for patterns and trends with action taken as necessary. One recent accident, investigated by the commissioning HSC Trust identified that improvement in communication was required. This was highlighted in the action plan actioned by the manager. Notifications were being submitted to RQIA as required.

There was evidence of a number of audits and checks carried out within the service. We saw audits dated 27 November 2015 which included, for example, care records, medications, accident/ incidents, environment/ maintenance and staffing. Issues or concerns were noted and where being addressed by the manager.

6. Quality Improvement Plan

One issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Julie Beacom, manager, as part of the inspection process. The timescale commences 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.

The requirement to be addressed as a result of this inspection is 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.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.


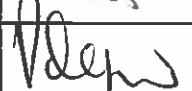
6.2 Recommendations

Though not applicable to this inspection this section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and 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. Once fully completed, the QIP will be returned to RQIA's office 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 weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1 Ref: Regulation 20 (2) Stated: First time To be completed by: 31 March 2015	The registered person shall ensure that supervision is provided for all care staff. Response by Registered Person(s) detailing the actions taken: Supervision training has been scheduled and has commenced for all Senior staff. A Supervision Matrix is now in place.		
Registered Manager completing QIP	Julie Beacom	Date completed	02.02.16
Registered Person approving QIP		Date approved	08/02/2016
RQIA Inspector assessing response		Date approved	11/2/16

Please ensure this document is completed in full and returned to RQIA's office from the authorised email address