

Unannounced Care Inspection Report 1 June 2016



Malone

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Malone took place on 1 June 2016 from 10:55 to 17:30.

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, the homes safeguarding policy and procedure should be updated to reflect the new regional guidance including the establishment of a safeguarding champion. Staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Staff confirmed that they were knowledgeable and had a good understanding of adult safeguarding principles. Residents' bedrooms were personalised with photographs, pictures and personal items. Rooms were finished to a high standard. The home was fresh smelling, clean and appropriately heated. The home had an up to date fire risk assessment in place.

Is care effective?

One recommendation was made, this related to the completion of accident and incident audits on a monthly basis. Care records were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and regular statements of health and well-being of the resident. There were arrangements in place to monitor and review the effectiveness and quality of care delivered to residents at appropriate intervals. Observation of practice evidenced that staff were able to communicate effectively with residents and representatives.

Is care compassionate?

Discussion with staff, 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.

Is the service well led?

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. 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.

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	2

Details of the QIP within this report were discussed with Julie Ann Russell, registered manager 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 estates inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: Kevin Mc Kinney	Registered manager: Julie-Ann Russell
Person in charge of the home at the time of inspection: Julie –Ann Russell	Date manager registered: 1 April 2005.
Categories of care: I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment	Number of registered places: 28
Weekly tariffs at time of inspection: £554- £733 per week	Number of residents accommodated at the time of inspection: 20

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents returned to RQIA, the previous inspection report, the returned Quality Improvement Plan and complaints returns.

During the inspection the inspector met with eleven residents, three care staff, and one resident's visitor/representative.

The following records were examined during the inspection:

- Three care records
- Fire safety risk assessment
- Annual Quality Review report
- Minutes of residents meetings
- Minutes of staff meetings
- Staff training records
- Supervision and appraisal information
- Two staff recruitment files
- Complaints records
- Monthly monitoring reports
- Staff induction programme

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 11 August 2015

The most recent inspection of Malone was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 26 June 2015

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager 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, one residents' representative and staff.

On the day of inspection the following staff were on duty – The registered manager, 1 x Senior Care worker, 3 x care workers, 1 x domestic, 1x kitchen staff and 1 x laundry staff.

Review of two completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. Review of records and discussion with the registered manager confirmed that senior care staff left in charge of the home in the registered manager's absence were assessed to be competent for the role. We discussed with the registered manager the need to make the competency and capability template more explicit to clearly state this. The registered manager confirmed this would be addressed.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice.

Discussion with the registered manager and review of two staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. It was noted that the Enhanced AccessNI disclosures were contained within the recruitment files. The appropriate disposal of these was discussed with the registered manager who confirmed that these would be disposed of without delay. Arrangements were in place to monitor the registration status of staff with their professional body.

There was an adult safeguarding policy and procedure in place. This had been updated in 2015 however, it was noted that the policy did not reflect the new regional guidance, Adult Safeguarding Prevention and Protection in Partnership, July 2015; the registered manager confirmed a safeguarding champion had not been identified for the home. A recommendation was made that the homes policy and procedure should be fully updated to reflect the new regional guidance including the identification of a safeguarding champion.

Discussion with staff confirmed that they 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 provided for all staff.

Discussion with the registered manager, 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, communal lounges, and bathrooms. The residents' bedrooms were personalised with photographs, pictures and personal items. Rooms were finished to a high standard. The home was fresh smelling, clean and appropriately heated.

Staff training records confirmed that all staff had received training in infection prevention and control (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.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home. There were information notices and leaflets available on IPC in a range of formats for residents, their representatives and staff.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. The registered manager confirmed that a number of residents had recently moved on from the home due to changes in their needs. The registered manager confirmed there were close working relations with the care management team to ensure regular review of resident's needs. 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 assessments and risk assessments including manual handling, nutrition, and falls, were reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager 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 e.g. Control of Substances Hazardous to Health (COSHH) and fire safety. The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

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. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated 7 March 2016, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained.

Areas for improvement

One area of improvement was identified, this related to the updating of the homes safeguarding policy and procedure to ensure it reflects the new regional guidance including the establishment of a safeguarding champion. A recommendation was made.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care effective?

Discussion with the registered manager established that the staff 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 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 registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor and review the effectiveness and quality of care delivered to residents at appropriate intervals. Evidence of audits were contained within the monthly monitoring visits reports and the annual quality report. We discussed with the registered manager the benefits of completing monthly audits of accidents and incidents to help identify patterns and implement change. A recommendation was made in this regard.

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

Residents and one representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents and representatives.

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.

Areas for improvement

One area of improvement was identified, this related to the completion of accident and incident audits on a monthly basis.

Number of requirements:	0	Number of recommendations:	1
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality, choice and consent of residents.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff, residents, and one representative confirmed that residents' spiritual and cultural needs, were met within the home.

The registered manager, residents and representative confirmed that consent was sought in relation to care and treatment. Residents, staff 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, 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. Some comments from residents included:

- “I have whatever I need here, I can’t complain.”
- “Everyone is very kind.”
- “I have only been here for a short time, but it has been a good experience so far”
- “This is like home from home, I appreciate all that the staff do for me.”

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, one representative 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. For example residents confirmed that they made a choice daily regarding what they eat at meal times.

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. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home. One comment from a completed representative questionnaire stated:

- “The staff are exceedingly caring. Residents are always addressed by their name, each resident is regarded as an individual person. The owner and staff show a high commitment to keep improving. The residents are made to feel it is their home.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager 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. Policies and

procedures were systematically reviewed every three years 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 leaflet. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

The registered manager 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. As already stated earlier in the report a recommendation was made relating to the completion of accident and incident audits on a monthly basis.

There were quality assurance systems in place to drive quality improvement which included monthly monitoring visits and satisfaction questionnaires.

Discussion with the registered manager 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 all 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. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

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.

The registered manager confirmed that the home operated in accordance with the regulatory framework. 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 registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager 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 registered manager 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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Julie Ann Russell 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

<p>Recommendation 1</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2016</p>	<p>The registered person should ensure the homes policy and procedure on safeguarding is updated to reflect the new regional guidance Adult Safeguarding Prevention Protection in Partnership, July 2015, this should also include the identification of a safeguarding champion for the home.</p> <p>Response by registered person detailing the actions taken: Policy has been reviewed and updated.</p>
<p>Recommendation 2</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2016</p>	<p>The registered manager should complete monthly audits of accidents and incidents to help identify patterns and implement change.</p> <p>Response by registered person detailing the actions taken: Monthly audit of accidents and incidents has now been implemented.</p>

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



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