

Unannounced Care Inspection Report 13 December 2016



Malone

Type of service: Residential care home
Address: 188 Upper Malone Road, Belfast, BT17 9JZ
Tel no: 028 9061 1745
Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Malone took place on 13 December 2016 from 10.30 to 17.15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

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

Two areas for improvement were identified in relation to devising a schedule for staff supervision and appraisal, and to ensure the managers hours are recorded on the duty roster.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, communication between residents, staff and other key stakeholders.

Three areas for improvement were identified in relation to ensuring care plans are signed by residents and or their representative, the completion of an audit around meals and meal times, and to contact the referring trust to request a care review for the identified resident.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents. One area for improvement was identified in relation to gathering the views of residents and representatives about the running of the home and for this information to be compiled within the annual quality review report.

Is the service well led?

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. One recommendation was made relating to the reviewing and updating of the homes policies and procedures systematically on a three yearly basis or more frequently if required.

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	7

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs 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 care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 1 June 2016.

2.0 Service details

Registered organization /registered person: Mr Kevin Mc Kinney	Registered manager: Mrs Julie Ann Russell
Person in charge of the home at the time of inspection: Mrs Julie Ann Russell	Date manager registered: 17 November 2015
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

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the returned Quality Improvement Plan (QIP) and the previous inspection report.

During the inspection the inspector met with eight residents, two care staff, one visiting professional and two resident's visitors/representatives.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal information
- Staff training schedule/records
- One staff recruitment file
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk accidents and incidents (including falls)
- Equipment maintenance / cleaning records

- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policies and procedures manual

A total of 18 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Five questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 June 2016.

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 1 June 2016.

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 16.1 Stated: First time	The registered person should ensure the homes policy and procedure on safeguarding is updated to reflect the new regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015, this should also include the identification of a safeguarding champion for the home.	Met
	Action taken as confirmed during the inspection: The policy and procedure had been up dated accordingly.	
Recommendation 2 Ref: Regulation 20.10 Stated: First time	The registered manager should complete monthly audits of accidents and incidents to help identify patterns and implement change.	Met
	Action taken as confirmed during the inspection: Monthly audits of accidents and incidents were in place. There was evidence of analysis and learning from same.	

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, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home. A recommendation was made that the manager's hours should also be recorded on the roster.

Review of one completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all 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. A recommendation was made that a schedule be devised for supervision and appraisals of staff for ease of reference.

The registered manager 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; information provided confirmed this.

Discussion with the registered manager and review of one staff personnel file 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. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion had been established.

Staff 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, care records and complaints records 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.

The registered manager confirmed 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 assessed needs could not be met.

The registered manager confirmed there were restrictive practices employed within the home, notably, keypad entry systems and pressure alarm mats. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the statement of purpose identified that restrictions were adequately described.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

The registered manager confirmed there were risk management policy and procedures in place. 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. COSHH and fire safety.

Staff training records confirmed that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. The need to ensure the homes policy and procedure relating to infection prevention and control is reviewed and updated in line with regional guidelines was discussed with the registered manager. As stated in section 4.6 a recommendation was made that all policies and procedures should be reviewed and updated systematically on a three yearly basis or more frequently as changes occur. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. Bedrooms were finished to a high standard. The home was fresh smelling, clean and appropriately heated. It was noted that a number of chairs in the living room area were sunken and worn. The registered manager confirmed plans were in place to replace the identified furnishings and repainting had already begun in communal areas of the home. The registered manager confirmed this work was due to continue.

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 risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 7 March 2016, the registered manager confirmed that all recommendations made had been addressed. This was not reflected within the assessment. The registered manager was advised to maintain a written record of when the recommendations were addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every 6 months. 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 as required and were regularly maintained.

Five completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas for improvement

Two areas for improvement were identified in relation to devising a schedule for staff supervision and appraisal, and to ensure the managers hours are recorded on the duty roster.

Number of requirements	0	Number of recommendations	2
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

Discussion with the registered manager 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 an 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 needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Two of the three care records reviewed were not signed by the resident or their representative. A recommendation was made that these should be signed by either the resident or representative, the person drawing them up and the registered manager. Discussion with staff confirmed that a person centred approach underpinned practice. For example staff shared that some residents have specific likes when it comes to meal times, others have specific clothing preferences.

The registered manager 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 accidents and incidents including falls were available for inspection. The registered manager confirmed she was in the process of instigating infection prevention and control and care plan audits. This is to be encouraged. A recommendation was made that the registered manager undertakes audit around meals and mealtimes as food was mentioned by a few residents during discussion.

Any actions identified for improvement should be incorporated into practice. Further evidence of audit was contained within the monthly monitoring visit reports which sought views from residents, representatives and staff.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. A recommendation was made that the registered manager contact the referring trust to arrange a care review for an identified resident as the previous care review was in May 2015. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection the most recent meeting was held on 3 November 2016.

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

Staff spoken with during the inspection made the following comments:

- "This is a really good place to work. The staff get on really well and are focused on the good of the residents".

Five completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas for improvement

Three areas for improvement were identified in relation to ensuring care plans are signed by residents and or their representative, the completion of an audit around meals and meal times, and to contact the referring trust to request a care review for one identified resident.

Number of requirements	0	Number of recommendations	3
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. For example residents were encouraged to participate in regular residents meetings and attend care reviews.

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected. For example, discussions relating to personal matters were undertaken in private and care records securely stored.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representatives 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' meetings, suggestion box, annual reviews etc.

A recommendation was made that the views of residents and representatives about the running of the home should be gathered formally and compiled within the Annual Quality review report for 2016. An action plan should be developed and implemented to address any issues identified.

The registered manager confirmed recruitment is currently ongoing with regards to filling the post of activities co coordinator. The registered manager confirmed residents currently participate in a weekly church service, two weekly music sessions and monthly yoga. Residents were observed reading daily newspapers during the inspection. The registered manager confirmed staff support residents to participate in other daily activities including quizzes, listening to music and watching entertainment shows. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example residents were observed leaving the home with friends and families for individual outings.

Residents spoken with during the inspection made the following comments:

- "The staff are very kind, can't complain about the staff. Food could be better, plates could be warmer".
- "Staff are very good they are kind and helpful, they always help you".
- "I am very happy here. The food is very reasonable, everyone seems very happy. The staff are caring, no complaints from me".
- "It's comfortable, people are friendly, there is a nice atmosphere".
- "I like it very much".
- "They (staff) are very good".
- "I am happy here".

Five completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

One resident's representative member commented:

- "This is a lovely place, he/ she is very happy here. It is much better than the last place. You can visit at any time the staff are very helpful."

Comments received from one completed questionnaire were as follows:

- My mother is less able to make decisions now but the home will contact us to discuss.

Areas for improvement

One area for improvement was identified in relation to formally gathering the views of residents and representatives about the running of the home and for this information to be compiled within the annual quality review report.

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

4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. A recommendation was made that policies and procedures should be reviewed and updated as necessary as many were past renewal date. This should be done on a systematic basis every three years or more frequently as changes occur.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, and information displayed in bedrooms and in the main reception area.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. There were no new complaints recorded since the previous inspection.

There was 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 was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

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 for example dementia awareness.

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 to read.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through frequent visits and updates.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff 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 and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Five completed questionnaires were returned to RQIA from residents, representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Areas for improvement

One area for improvement was identified during the inspection in relation to the systematic review and updating of the homes policies and procedures on a three yearly basis, or more frequently as required.

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

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Julie Ann Russell, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider 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 provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via the web portal for assessment 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 24.3</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2017</p>	<p>The registered provider should devise a schedule for staff supervision and appraisal to ensure and audit the frequency of staff supervision and appraisal.</p> <p>Response by registered provider detailing the actions taken: Schedule in place for supervision and appraisal of all staff.</p>
<p>Recommendation 2</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: 14 December 2016</p>	<p>The registered provider should ensure the managers hours are recorded on the duty rota.</p> <p>Response by registered provider detailing the actions taken: Hours are recorded on the rota.</p>
<p>Recommendation 3</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be completed by: 13 January 2017</p>	<p>The registered provider should ensure care plans are signed by residents and or their representative, where appropriate, the person drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this should be recorded.</p> <p>Response by registered provider detailing the actions taken: Discussed with the Senior Team the importance of ensuring Care Plans are appropriately signed. Audit of Care Plans implemented to monitor same.</p>
<p>Recommendation 4</p> <p>Ref: Standard 12.2</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2017</p>	<p>The registered provider should ensure an audit is undertaken around meals and mealtimes to involve residents in menu planning.</p> <p>Response by registered provider detailing the actions taken: Audit around meals and mealtimes carried out on a monthly basis and residents are encouraged to be actively involved in menu planning.</p>
<p>Recommendation 5</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 13 February 2017</p>	<p>The registered provider should contact the referring trust to request a care review for the identified resident.</p> <p>Response by registered provider detailing the actions taken: Trust contacted and identified care review has taken place.</p>

<p>Recommendation 6</p> <p>Ref: Standard 1.6</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2017</p>	<p>The registered provider should ensure the views of residents and representatives are gathered formally about the running of the home, this information should then be included within a report.</p> <p>Response by registered provider detailing the actions taken: Views of residents and representatives currently being gathered and full report will be compiled.</p>
<p>Recommendation 7</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 13 May 2017</p>	<p>The registered provider should ensure policies and procedures are subject to a systematic three yearly review, or more frequently if needed.</p> <p>Response by registered provider detailing the actions taken: Schedule in place to commence systemic review of all Policies and Procedures on a three yearly basis or more frequently if required.</p>



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