

Unannounced Care Inspection Report 5 May 2016



Mountview Retreat

Address: 19 Rocktown Lane, Knockloghrim, BT45 8QF

Tel No: 02879642382

Inspector: Ruth Greer

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Mountview Retreat residential care home took place on 05 May 2016 from 9:50 to 15:00.

The inspection was undertaken in response to a whistle blowing concerns raised anonymously with the RQIA by letter on 3 May 2016. The inspection sought to address the issues highlighted in the letter and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Requirements have been made in relation to reducing the hours worked by the manager, the induction arrangements for new staff, supervision and appraisal arrangements and competency and capability assessments for staff left in charge of the home in the absence of the manager.

Is care effective?

There was evidence from observation of practice, discussion with staff and residents and a review of care records that the care provided to residents is person centred and delivered to meet the individual needs of each resident. There was also evidence in the records that good working relationships are maintained between the home and outside professionals. One requirement has been made in relation to the insurance arrangements of any staff who transport residents by car. Two recommendations have been made in relation to staff handover periods and the frequency of staff meetings.

Is care compassionate?

Residents are well cared for in the home. They told the inspector that they are happy and that the manager and staff are kind. Relationships between the residents, manager and staff on duty were seen to be friendly, caring and compassionate. Two recommendations have been made in relation to the record of food served and an amendment to the care plan of one resident.

Is the service well led?

One requirement had been made that good personal and professional relationships between the manager and the staff are maintained.

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	5	4

Details of the QIP within this report were discussed with Ciaran Maynes, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent care inspection

The most recent inspection was an unannounced care inspection on 29 October 2015.

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Mr Ciaran Maynes	Registered manager: Mr Ciaran Maynes
Person in charge of the home at the time of inspection: Ciaran Maynes	Date manager registered: November 2014
Categories of care: I - Old age not falling within any other category MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years RC-I, RC-LD, RC-LD(E), RC-MP, RC-MP(E), RC-PH, RC-PH(E)	Number of registered places: 9
Weekly tariffs at time of inspection: From £495 to £550	Number of residents accommodated at the time of inspection: 7

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and notifications of accidents/incidents since the previous inspection and whistle blowing information received at RQIA on 3 May 2016 from an anonymous source.

During the inspection the inspector met with all seven residents and one care staff. There were no visiting professionals and no residents' visitors/representatives present on the day.

The following records were examined during the inspection:

Policy on whistle blowing
 Policy on safeguarding vulnerable adults
 Duty rota
 Daily communication book
 Staff meeting minutes

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 29 October 2016

The most recent inspection of Mountview Retreat was an unannounced care inspection. There were no requirements or recommendations made as a result.

4.2 Review of requirements and recommendations from the last care inspection dated 29 October 2015

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

4.3 Is care safe?

Whistle blowing information received anonymously on 3 May 2016 stated that staff are asked to work as much as 13 hour shifts and that the manager works many hours day and night. The information also stated that staff did not receive induction, supervision or appraisal.

On the day of inspection the following staff were on duty –

Registered manager x1
 Care staff x1

Staff undertake mixed duties in the home.

The registered manager confirmed that this is sufficient to meet the needs of the residents and that, if required, additional staff would be rostered to work.

A review of the duty rota showed that no staff, apart from the manager, are scheduled to work 13 hour shifts.

The duty rota for week beginning 7 May 2016 showed that the manager was scheduled to work 6 shifts of twelve hours. In addition the manager was sleeping in the home “on call” for four of those dates. This was due to the manager covering the hours of a night duty staff member who had left the home’s employ. The manager is advertising the position but in the meantime he is covering the night time post. The manager’s hours are excessive and alternative arrangements should be made until a new staff member is appointed to cover night duty. A requirement has been made in line with regulation 20 (1) (a).

There is an induction policy for new staff which states that all new staff will have an induction on appointment. There is an induction template in place. The manager stated that verbal induction had been provided for two staff appointed in the last year. However, there were no written records available in relation to induction having been provided. A requirement has been made in line with regulation 20 (1) (c) (i).

There was no supervision/appraisal policy in relation to Mountview Retreat available for inspection. The manager stated that the home is a small family run home and that he supervises staff practice on a daily basis. This does not meet legislative requirements for supervision and appraisal. A requirement has been made that a programme of professional supervision and appraisal for staff in put in place and the relevant corresponding policies are devised and implemented in line with regulation 20 (1)(c)(i).

Training for staff in safeguarding vulnerable adults was provided on 20 January 2016. There was a policy on safeguarding vulnerable adults which included reference to the new regional adult safeguarding procedures. Training on medication management was provided on 18 June 2015.

Discussion with one care staff on duty confirmed that she /he was aware of the policy on safeguarding. The staff member was knowledgeable and had a good understanding of adult safeguarding principles.

The registered manager stated that he had assessed the competency and capability 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 not retained. A requirement has been made in line with regulation 20 (3).

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

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.

Areas for improvement

Four requirements have been made in this domain. The requirements are in relation to reducing the hours worked by the manager, the implementation of a formal, recorded induction programme for new staff, the implementation of formal staff supervision and appraisal programme and the completion of written competency and capability assessments for staff left in charge of the home in the absence of the manager.

Number of requirements:	4	Number of recommendations:	0
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4.4 Is care effective?

Information received at RQIA stated that there was poor communication between the manager and staff and no proper method for handing over information between staff at change of shift. The information also stated that staff are required to transport residents in their own cars without the relevant insurance being checked by the manager.

Staff meetings took place in the home on 25 June 2015 and 30 June 2016. There were no minutes available for the meeting on 30 June 2016. Minutes were available for the meeting on 25 June 2015. Staff meetings should take place on a regular basis and at least quarterly. A recommendation is made that staff meeting occur at least four times a year with minutes recorded in line with standard 25.8.

The inspector reviewed a daily communication diary in which written updates are recorded. There is no designated time set aside for a handover period at each shift change. Time should be scheduled at shift changes to hand over information regarding residents and other areas of accountability. A recommendation has been made in line with standard 25.7.

The manager confirmed that he usually transfers residents in his own car but there have been occasions when a staff member had taken a resident, for example to an appointment or shopping in the staff member's own car. The manager stated that his business insurance arrangements provided cover for all journeys undertaken as part of the residents' care. A requirement has been made that the manager provides written confirmation to RQIA that insurance cover is appropriate for all journeys undertaken by residents in line with Regulation 28 (2) (e).

Areas for improvement

One requirement has been made in this domain. The requirement has been made in relation to the confirmation of the insurance arrangements of any staff who transport residents by car. Two recommendations have been made in this domain. The recommendations are in relation to dedicated time for staff handover periods and increasing the frequency of staff meetings.

Number of requirements:	1	Number of recommendations:	2
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4.5 Is care compassionate?

Information received at RQIA stated that there is no menu in place and that the same food item was provided on seven occasions over a 10 day period in October 2015. The information also stated that one issue of safeguarding was not managed appropriately.

The menus were reviewed and found to reflect a variety of food provided. The record of food served in the month of October 2015 was reviewed and showed that over the month the same meal was provided on 6 occasions. Records showed that there was always an alternative available. The staff member who was cooking the lunch time meal confirmed that the food is varied and that residents enjoy it. Residents who spoke with the inspector stated that they enjoy the food and can have "whatever I want".

The record of food provided had not been completed for several days on the week before the inspection date. A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each resident is satisfactory. A recommendation has been made in line with standard 12.11.

In regard to the safeguarding information, the registered manager stated that this issue was in relation to one resident whose behaviour pattern included greeting people she had got to know with a hug. The resident would at times hug the visiting family of another resident (who has now left the home). The resident has no verbal communication and would have no understanding of the appropriateness of hugging despite being advised by staff. The manager and staff on duty confirmed that to safeguard the resident a staff member was always present when there were visitors in the home. A recommendation is made in line with standard 6.6 that a specific care plan is devised in conjunction with the resident's named worker to address this area of care.

The inspector spent time with each resident in the home. All, apart from one, were able to communicate verbally. The residents spoke positively about management, staff and all areas of care provided to them. Comments made included:

- "I'll never move from here"
- "I'm treated like the king"
- "Ciaran (manager) takes me for a wee bet"
- "I like the food"
- "the girls are great"

Areas for improvement

Two recommendations have been made in this domain. These are in relation to ensuring that the record of food served which is maintained, is accurate and up to date and that an amendment is made to the care plan of one resident which reflects her assessed needs.

Number of requirements:	0	Number of recommendations:	2
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4.6 Is the service well led?

Information received at RQIA raised issues regarding the manager's approach to staff.

The registered manager has been registered as person in control and manager since April 2015. He took over an already established home with a staff team in place. The inspector was informed that, since then there have been some staffing issues which were dealt with via the disciplinary procedure.

There was a policy on whistle blowing in place and minutes of a staff meeting showed that staff had been informed that issues should be brought in the first instance to the manager. There was evidence that the registered manager works many hours in the home, often providing direct care to residents. Residents spoke fondly of him and a good rapport was seen between the registered manager and residents. There was evidence that the relationships between the registered manager and some staff is less well established. Discussions with staff and a review of records showed that the manager needs to devote more time to establish and develop good working relationships with the staff team.

There was evidence, from discussion with the manager and information from staff, that relationships between the manager and some staff were, at times, strained. There was evidence that the manager was working excessive hours providing direct care. This has a direct impact on the ability to carry out day to day operational management including team meetings, supervision and appraisals.

Mountview is a small residential care home which is registered to provide care for 9 residents. There have been just 7 residents accommodated for several weeks. The registered manager/provider stated that he likes to maintain a close relationship with the residents who he has got to know individually. However the registered manager/provider has a professional responsibility for the management of staff and the maintenance of effective communication with the staff team. Time should be set aside to develop good working relationships with members of the staff team. A requirement is made that the manager ensures that good personal and professional relationships between him and the staff are maintained in line with regulation 13 (9) (a).

Areas for improvement

One requirement had been made in this domain. The requirement is in relation to ensuring that good personal and professional relationships between the manager and the staff are maintained.

Number of requirements:	1	Number of recommendations:	0
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ciaran Mayes 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

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 20.(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered manager shall review the numbers of hours he is on duty each week and ensure that sufficient staff are on duty in such numbers as appropriate.</p> <p>Response by registered person detailing the actions taken: for The inspector was made aware that the number of hours i was working was due to the fact that we were going through a period of staff recruitment due to existing staff moving on for variour reasons muh sooner than expected. In a home of this size, and it also being my business, i feel it is appropriate for me as the manager and owner of the business to work whatever hours is necessary to ensure the safety of the residents until adequate numbers of new staff are recruited and inducted. This process is almost now complete and i look forward to much reduced hours!</p>
<p>Requirement 2</p> <p>Ref: Regulation 20 (1)(c)(i)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered manager shall ensure that all newly appointed staff have a planned and recorded induction to the home and that a programme of staff supervision and appraisal is implemented in the home.</p> <p>Response by registered person detailing the actions taken: The information stated in the report that there was not a policy in relation to supervision and appraisal is incorrect and that policy was shown on the day of inspection and can be furnished again if required. It was correct however that there was no evidence of supervisions and appraisals having been conducted and i take this point on board and a supervision and appraisal programme has been developed and will be completed within the timeframe requested. i will ensure that all new staff taking up employment will have a planned and recorded induction following the programme evidenced by the inspector on her visit of 12-05-16.</p>
<p>Requirement 3</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered manager shall undertake a competency and capability assessment for any person left in charge of the home in the manager's absence and maintain a record of this.</p> <p>Response by registered person detailing the actions taken: A competency and capability assessment is being developed for all staff left in charge of the home at any time. Given the size and nature of Mountview Retreat all staff employed by the home will have to complete this as part of there role.</p>

<p>Requirement 4</p> <p>Ref: Regulation 28 (2)(e)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered manager shall confirm that insurance arrangements are in place for any staff who use their own car to transport residents.</p> <p>Response by registered person detailing the actions taken: As explained to the inspector on the day of inspection, the insurance arrangements in Mountview Retreat for the transport of residents in staff own vehicles to appointments etc, if required in an emergency has more than the appropriate level of cover, over and above the staff members own vehicle insurance cover. It covers both the resident and the staff member. Also as explained to the inspector a staff member only was asked once to take a resident to an appointment and as already explained the insurance cover by Mountview was, at the time, at an appropriate level and this has been verified several times by my insurance company. However, as a result of this "whistleblowing" letter, and to avoid any confusion all residents will be transported by either myself or by public hire vehicles; ie: Taxis, Buses etc to any appointment outing that is required in the future. All above information can be furnished if required.</p>
<p>Requirement 5</p> <p>Ref: Regulation 13 (9) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered manager should ensure that good personal and professional relationships are maintained between him and the staff.</p> <p>Response by registered person detailing the actions taken: I am slightly at a loss here with reference to this requirement as it is not clear in the report as to why the requirement has been made. If it is with reference to supervision and appraisal or lack thereof, i fully take this on board, however, a previous requirement has been made in this report to that effect so i do not see the need for it to be made again in a separate requirement. Relationships between staff in the home are very good, like all work environments everyone has their days but this, in my opinion does not warrant a requirement from a regulatory body. From my recollection of the inspection day i do not recall any evidence being made with regard to relationships being "strained"..?? I feel further clarification is required on this point.</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered manager should ensure that staff meetings occur at least four times a year with minutes recorded and available for inspection.</p> <p>Response by registered person detailing the actions taken: I take this recommendation on board and will endeavour to try and have 4 team meetings per year although there is constant communication on a daily basis with the staff as we only employ 7 staff in total.</p>

<p>Recommendation 2</p> <p>Ref: Standard 25.7</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered manager should ensure that time is scheduled at shift changes to handover over information regarding residents.</p> <p>Response by registered person detailing the actions taken: Recommendation again taken on board. Staff have been informed of the need for clear handover reports, verbal and written of any information pertaining to our residents at the beginning, end and any changeover periods within a working day.</p>
<p>Recommendation 3</p> <p>Ref: Standard 12.11</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered manager should ensure that the record of food served is maintained and kept up to date to enable any person inspecting it to judge whether the diet for each resident is satisfactory.</p> <p>Response by registered person detailing the actions taken: All staff have been informed to ensure and record each residents initials against their meal choices so as to keep a clear record of individual residents daily diet and meal choices.</p>
<p>Recommendation 4</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered manager should ensure that the care plan of the resident identified at the inspection should be updated to reflect any potential safeguarding issues.</p> <p>Response by registered person detailing the actions taken: The identified residents care plan reflects the level of safeguarding measures required for the identified resident.</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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