



The **Regulation** and  
**Quality Improvement**  
Authority

**Andena**  
**RQIA ID: 1341**  
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**Ballymena**  
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**Unannounced Care Inspection  
of  
Andena**

**15 December 2015**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7500 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of inspection

An unannounced care inspection took place on 15 December 2015 from 10.30 to 15.30. On the day of the inspection the home was found to be delivering safe effective and compassionate care. We identified one area of improvement within the standard inspected. We made a recommendation that the views and opinions of residents and representatives should be sought about the running of the home, and the information compiled within a report and made available to residents and their representatives.

We identified four other areas for improvement. One recommendation related to a care review for an identified resident, one recommendation that resident's should have a care needs assessment and risk assessment before using the "Stand Easy" hoist available in the home. We made one recommendation that all care plans should be signed appropriately and one recommendation relating to staff training in record keeping.

The areas which we identified and set out in the Quality Improvement Plan (QIP) are appended to this report.

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

### 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 last inspection.

#### 1.1 Actions/enforcement resulting from this inspection

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

#### 1.2 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	5

The details of the QIP within this report were discussed with the registered manager Mrs Christine Shields as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> Mr James Mc Conville	<b>Registered Manager:</b> Mrs Christine Shields
<b>Person in charge of the home at the time of inspection:</b> Mrs Christine Shields	<b>Date manager registered:</b> 01/04/2015
<b>Categories of care:</b> RC-I, RC-DE, RC-MP (E )	<b>Number of registered places:</b> 36

<b>Number of residents accommodated on day of inspection:</b> 36	<b>Weekly tariff at time of inspection:</b> £500 per week
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### 3. Inspection focus

The inspection sought to assess if the following theme has been met:

**Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

### 4. Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA from the previous inspection and the returned Quality Improvement Plan.

During the inspection we met with 18 residents individually, and others in groups, care staff, one resident's visitor/representative and the registered manager.

The following records were examined during the inspection: five care records, relevant policies and procedures, accident and incident records, minutes of residents meetings, audit returns, staff training records, complaints records and the homes fire safety risk assessment.

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 28 April 2015. The completed QIP was returned and approved by the care inspector.

#### 5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 14.5	The registered manager should ensure that all residents care records contain the recorded wishes of residents including any specific arrangements for the resident at the time of their death.	Met
	<b>Action taken as confirmed during the inspection:</b> Inspection of five care records confirmed that these contained relevant information relating to specific wishes/arrangements for residents' at the time of their death.	

<p><b>Recommendation 2</b></p> <p>Ref: Standard 21.1</p>	<p><u>Policy Development</u></p> <p>The registered manager should ensure that the homes policies relating to dying and death and the management of continence should be reviewed and updated at least three yearly to reflect current best practice.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>We inspected the home's policies relating to dying and death and the management of continence and could confirm that these were updated accordingly.</p>	<p>Met</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 10.7</p>	<p>The use of the keypad system at the front entrance should be reviewed and assessed for all residents in the home on an individual basis with consideration given to resident's individual needs and preferences.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspection of care records confirmed that risk assessments had been completed for residents on an individual basis with consideration given to resident's individual needs and preferences.</p>	<p>Met</p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 29.1</p>	<p>It is recommended that the annual review of fire risk assessment should be carried out by a person or company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspection of the home's fire safety risk assessment confirmed that this was up to date and had been completed by a certified body or person registered with a fire safety professional body.</p>	<p>Met</p>

### **5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

#### **Is care safe? (Quality of life)**

In our discussions with the registered manager and residents they confirmed that the individual choices, preferences, or issues of concern identified by residents were listened to and readily acted on. The registered manager confirmed to us the homes commitment to the values of independence, choice and consent. In our observations of care practices we were satisfied that residents were consistently consulted with regard to care delivered and to activities offered.

We inspected five care records. All these records reflected resident's personal preferences. Four care records contained up to date needs assessments, risk assessments and care plans. We found the five care plans had all recently been updated; these were signed only by the person drawing them up. We made a recommendation that all care plans should be signed by the resident or their representative, the staff member drawing it up and the registered manager. If a resident or their representative is unable to sign or chooses not to sign, this should be recorded.

We noted there had been some changes in relation to the mobility of one identified resident as observed during the inspection. This was discussed with the registered manager who confirmed the resident had a care review six months previously. Records available in the home confirmed this. Information included from the previous care review stated the resident required the assistance of one for mobilising and did not require the use of any equipment to aid mobility. We noted from the care review a decline in the resident's level of mobility to the point where the identified resident required the assistance of two staff and the use of a "Stand Easy" hoist as observed during the inspection. Bearing in mind the changes in the resident's condition since the previous review we made a recommendation that the identified resident should have a care review without delay. The deputy manager confirmed the day following the inspection that a care review would be completed within 48 hours. We also made a recommendation that a needs assessment and risk assessment should be completed for any resident before a "Stand Easy" hoist is used.

#### **Is care effective? (Quality of management)**

The home had a policy in place which reflected resident's rights and inputs. Information was available which demonstrated that the home sought participation from residents in relation to establishing a "Residents council". The registered manager confirmed no residents had come forward for the positions to date but residents would be given a second opportunity having had time to consider the idea. We inspected the minutes of residents meetings, the last meeting had been held in April 2015. We discussed with the manager the benefits of holding residents meetings on a regular basis.

We inspected complaints records maintained in the home. These showed that complaints made by residents were addressed satisfactorily by the home. Residents confirmed to us that they were aware of how to make a complaint if there were not satisfied with any aspect of the care they receive in the home. We inspected records which showed that a resident food survey had been completed in July 2015. The registered manager confirmed findings from this survey were used to help improve food options for residents.

We requested to view the homes most recent Annual Quality Review report which gathers views from residents and representatives about the quality of the service provided. There was evidence in the home of ongoing medicines and accident and incident audits. The registered manager provided the most recent report which had been compiled in 2013. We made a recommendation that an Annual Quality Review Report should be completed as soon as possible and a copy of this report should be made available to residents and their representatives.

### **Is care compassionate? (Quality of care)**

In our discussions with the registered manager, and residents they confirmed that resident's individual needs and preferences are at the centre of care provision in the home.

In our observations of care practices and interactions between residents and staff we found that residents were treated with dignity and respect when being supported by staff.

### **Areas for improvement**

Overall the standard was assessed as being met. We made one recommendation that the views and opinions of residents and representatives should be sought formally about the running of the home this information should then be compiled within a report and be made available to resident's and their representatives.

We made a further three recommendations relating to a care review for one identified resident, a care needs assessment and risk assessment to be completed for any resident assessed as needing to use the "Stand Easy" hoist, and care plans to be signed by residents', the person drawing it up and the registered manager.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	4
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## **5.4 Additional areas examined**

### **5.4.1 Residents' views**

We spoke with 18 residents individually and others in groups. In accordance with their capabilities all expressed or indicated that they were happy with their life in the home, their relationship with staff and the care provided.

Some of the comments received from residents included:

- "I am very content here, the home is nice and clean and warm."
- "Staff are all very attentive."
- "I am happy here; I have all that I need."
- "The food is good, everyone is very kind."
- "No complaints from me, I am very happy."
- "This is a nice home; it is like home from home."
- "We are all well looked after."

#### 5.4.2 Relatives / representatives views

We met with one visiting relative/representative. They informed us that they were very satisfied with the care provided to their relative in the home, and were kept well informed by staff of any changes in their relatives care.

#### 5.4.3 Daily records

We noted some omissions in relation to the daily records maintained for one identified resident. This was discussed with the registered manager who confirmed this information should have been included in the resident's daily records. The content of daily records had previously been raised as a recommendation in 2014, as a result we made a recommendation that staff complete training in record keeping.

#### 5.4.4 General Environment

In our inspection of the environment we found the home to be warm, clean, bright and fresh smelling throughout. Resident's bedrooms were homely and personalised.

#### 5.4.5 Accidents and incidents

We reviewed the accident and incident reports from the previous inspection and found these to be appropriately managed and reported.

#### 5.4.6 Fire safety

An up to date Fire Safety Risk Assessment was in place. The registered manager confirmed recommendations made had been actioned accordingly. Staff completed fire safety training in June 2015 the registered manager confirmed that staff were to complete a second session of training ensuring staff complete fire training twice annually.

#### 5.4.7 Complaints

We inspected the complaints records maintained in the home. We confirmed that all complaints were managed appropriately by the home.

#### Areas for improvement

We identified one area of improvement from the additional areas examined. This related to staff training in record keeping.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	1
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### 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Christine Shields registered manager 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.

## **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 and The Residential Care Homes Regulations (Northern Ireland) 2005.

## **6.2 Recommendations**

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 [care.team@rqia.org.uk](mailto: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 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.

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 22 December 2015</p>	<p>The registered manager should ensure a care review is arranged for the identified resident without delay.</p> <hr/> <p><b>Response by Registered Person(s) detailing the actions taken:</b> The social worker was contacted immediately and updated on the residents change.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 22 January 2016</p>	<p>The registered manager should ensure that a needs assessment and a risk assessment are completed for any resident before a "Stand Easy hoist" is used.</p> <hr/> <p><b>Response by Registered Person(s) detailing the actions taken:</b> Needs assessment and risk assessments have been completed for "Stand easy hoist".</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be completed by: 15 February 2016</p>	<p>The registered manager should ensure that care plans are signed by the resident or their representative, the staff member drawing it up and the registered manager. If a resident or their representative is unable to sign or chooses not to sign, this should be recorded.</p> <hr/> <p><b>Response by Registered Person(s) detailing the actions taken:</b> We have commenced the above will have them completed by the due date.</p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 1.7</p> <p>Stated: First time</p> <p>To be completed by: 15 February 2016</p>	<p>The registered manager should ensure that the annual quality review report is completed as soon as possible. A copy of this report should be made available to residents and their representatives.</p> <hr/> <p><b>Response by Registered Person(s) detailing the actions taken:</b> The annual quality review has been completed and placed on the noticeboard in the main hallway for viewing by residents and their representatives.</p>
<p><b>Recommendation 5</b></p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p> <p>To be completed by: 15 March 2016</p>	<p>The registered manager should ensure that staff complete training in record keeping.</p> <hr/> <p><b>Response by Registered Person(s) detailing the actions taken:</b> We have commenced e-learning in the Home and care plans are included in the training.</p>

<b>Registered Manager completing QIP</b>	C.SHIELDS	<b>Date completed</b>	06/02/16
<b>Registered Person approving QIP</b>	J.MC CONVILLE	<b>Date approved</b>	06/02/16
<b>RQIA Inspector assessing response</b>	Bronagh Duggan	<b>Date approved</b>	08/02/16

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**