



The Regulation and
Quality Improvement
Authority

Inspector: Kylie Connor
Inspection ID: IN023006

Annahilt
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**Unannounced Care Inspection
of
Annahilt**

15 September 2015

The Regulation and Quality Improvement Authority
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 15 September 2015 from 10.45 to 14.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard and theme we inspected were assessed as being met. Whilst no areas for improvement were identified, the home agreed to follow-up an issue regarding the frequency of outings. During a telephone call with the registered manager on 28 September 2015 it was confirmed to us that residents would be attending a tea dance in the next few weeks.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/ enforcement taken following the last inspection

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

1.2 Actions/ enforcement resulting from this inspection

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

1.3 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Naomi Graham, Registered Manager received feedback following the completion of the inspection. Findings of the inspection can be found in the main body of the report.

2. Service details

Registered Organisation/ Registered Person: Maureen Claire Royston	Registered Manager: Naomi Graham
Person in charge of the home at the time of inspection: Naomi Graham	Date manager registered: 17/2/2010
Categories of care: RC-A, RC-DE, RC-I	Number of registered places: 36
Number of residents accommodated on day of inspection: 34	Weekly tariff at time of inspection: £470 to £495

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/ process

Prior to inspection we analysed the following records: the incidents register; the returned Quality Improvement Plan from the previous care inspection.

During the inspection we met individually with six residents who completed questionnaires with our assistance. We also met with two care staff, one visitor, the registered manager and the regional manager.

We examined the following records: three care records; fire safety records; staff training records; accident and incident records and policies and procedures associated with the areas inspected. Staff and resident questionnaires were distributed during the inspection.

Following the inspection, two staff questionnaires were returned and analysed by us. No further resident questionnaires were returned to RQIA within the required timescale.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 3 June 2015. No QIP was issued. The signed report was returned and approved by the pharmacy inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 19.1 19.6	The recruitment policy and procedure (2008) should be reviewed to reflect the recruitment process as described within the Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS guidance. It should state how residents, or where appropriate their representatives, are involved in the recruitment process where possible.	Met
	Action taken as confirmed during the inspection: We inspected the recruitment policy and procedure. This had been updated as recommended.	
Recommendation 2 Ref: Standard 10.1	The responsible person should ensure that an epilepsy management plan is in place for all residents who have a diagnosis of epilepsy. <ul style="list-style-type: none"> • Care plans and epilepsy management plans should include how staff should respond and provide immediate care and support. 	Met
	Action taken as confirmed during the inspection: We inspected one care record which had been updated as recommended.	
Previous inspection recommendations		Validation of compliance
Recommendation 3 Ref: Standard 10.7	The responsible person should review and improve the homes Statement of Purpose as detailed in the report in regard to the use of restrictive practices.	Met
	Action taken as confirmed during the inspection: We inspected the Statement of Purpose. This had been updated as recommended.	

<p>Recommendation 4</p> <p>Ref: Standard 10.1, 10.2</p>	<p>The responsible person should review relevant policies and procedures to ensure compliance with DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005); the Human Rights Act (1998), best practice guidance and reflect involvement of the trust, residents, their representative, notification to RQIA and responding to uncharacteristic behaviour.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>We inspected the restraint policy and procedure. It had been updated as recommended.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 6.2</p>	<p>The responsible person should ensure that an individual comprehensive care plan is drawn up as the assessment of the resident is carried out and includes details of:</p> <ul style="list-style-type: none"> • The daily care, support, opportunities and services provided by the home and others • Ensure the care plan details any assistance required in regard to cleaning teeth and glasses 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Two care plans inspected had been updated as recommended.</p>		

Areas for improvement

There were no areas for improvement identified.

Number of requirements:	0	Number of recommendations:	0
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5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The registered manager confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this.

We inspected three care records. We confirmed that needs assessments, risk assessments and care plans were in place and kept under continual review. Documentation was amended as changes occurred to residents' care or welfare. The care records we inspected were kept up to date to accurately reflect the residents' needs and preferences. The needs assessments and care plans were appropriately signed.

Assessments detailed the residents' or families wishes regarding any specific arrangements at the time of his or her death. The spiritual and cultural wishes of the residents were recorded in care records. Where there had been discussion with the general practitioner, relating to a care pathway, staff confirmed to us that this would be documented within the care records.

Is care effective? (Quality of management)

The home had a draft policy and procedure relating to dying and death of a resident. The home had a copy of the current best practice guidance. Inspection of staff training records confirmed that training in palliative care had been delivered.

In our discussions with staff, they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc.)

Staff confirmed to us that they were aware of the importance of encouraging nutrition and fluid intake and of ensuring good skin care to a resident at the end of life. Staff reported to us that they would liaise closely with district nursing staff and others to ensure appropriate management of care. The registered manager and staff were knowledgeable about making notification of a death to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is care compassionate? (Quality of care)

Staff members we interviewed explained that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were able to articulate informed values that underpin compassionate care within the home. Staff confirmed to us that there had been residents in need of palliative care or who had died in the home in recent years. Staff were knowledgeable about how to create a suitable environment and deliver care to a resident at the end of life.

Staff confirmed to us that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Staff confirmed to us that resident's belongings would be handled with care and his or her representative consulted and assisted with their removal from the home.

Areas for improvement

There were no areas for improvement identified within the standard inspected. This standard was assessed as being met.

Number of requirements:	0	Number of recommendations:	0
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

In our discussions with staff they were able to demonstrate their knowledge and understanding of continence care. We reviewed three residents' care records. A person centred assessment and care plan was in place relating to continence management. Staff were able to describe to us the system of referral for specialist continence assessment. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the environment and discussions with staff, we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels. Staff confirmed to us that gloves, aprons and hand washing dispensers were available. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is care effective? (Quality of management)

The home had policies and procedures relating to continence management. These were under review. The home had copies of current best practice guidance. Staff training records confirmed that staff had received appropriate information and training. Staff were knowledgeable regarding where further guidance and advice could be sought.

Discussions with staff and inspection of care records, confirmed that no residents had reduced skin integrity associated with poor continence management. During our inspection of the home, no mal-odours were present.

Is care compassionate? (Quality of care)

Through our observations of care practices we confirmed that residents were treated with care, dignity and respect when being assisted by staff. In our discussion with residents they confirmed that staff provide care and support in a sensitive, kind and caring manner.

In our discussions with staff, they were able to recognise the potential loss of dignity associated with incontinence. Staff described to us how care is delivered in a compassionate manner. Staff articulated those values that underpin compassionate care within the home as they related to continence management and support.

Areas for improvement

There were no areas of improvement identified within this theme. This theme was assessed as being met.

Number of requirements:	0	Number of recommendations:	0
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5.5 Additional areas examined

5.5.1 Residents' views

We met with six residents individually. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care. Issues were raised in regard to the frequency of outings and the security of the grounds surrounding the home.

The registered manager reported to us that outings are facilitated on an individual basis with residents or in small groups. She reported to us that the next outing scheduled is to a tea dance at Christmas. The registered manager confirmed to us that there have been no issues pertaining to security of the grounds. She gave us assurances that these issues would remain under review.

Some comments included:

- “More outings would be appreciated. They have been busy re-decorating this year. All new carpets at the front of the house.”
- “It’s much like home life. I can make myself at home.”
- “They (the staff) always have good jokes. They give us a bit of a laugh.”
- “(Visitors) are invited to have a cup of tea.”
- “If I need anything, they get it.”
- “You know the (church) service is coming and it’s up to you whether you want to attend or not.”

5.5.2 Staff views/ returned questionnaires

We met with two care staff individually and greeted a number of other staff during the inspection. Staff spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties. An issue was raised in regard to the frequency of outings and this was discussed with the registered manager as detailed in section 5.5.1. The registered manager also confirmed to us on 28 September 2015 that another outing to a tea dance had been scheduled to take place in the next few weeks.

We examined two returned staff questionnaires. In the main positive responses were indicated. One questionnaire stated that ‘sometimes’ staff do not get enough time to talk to residents. This was discussed with the registered manager on 28 September 2015 who acknowledged that this may occur sometimes but that overall, staff do have adequate time to talk to residents.

5.5.3 Resident representatives views

We met with one visitor who expressed positive views in regard to staff attitude, communication with the home, the standard of the environment and the care and support delivered.

5.5.4 Environment

Following an inspection of the environment, we confirmed that the home was clean, tidy and all areas were decorated to a good standard. The registered manager reported to us that improvements had been made. A number of bedrooms had been redecorated, new furniture purchased and new carpets laid at the front of the home. Residents had been involved in choosing these.

5.5.5 Care practices

In our observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

5.5.6 Accidents/ incidents

We inspected the accident and incident records of the previous three months and confirmed these had been reported and managed appropriately.

5.5.7 Complaints/ compliments

We inspected the complaint records and confirmed that these had been managed appropriately. One compliment made by a residents representative, contained positive views of the care and support received by their relative.

5.5.8 Fire safety

We inspected the current fire risk assessment which evidenced actions taken to address recommendations made.

Inspection of staff training records and discussion with staff confirmed that staff had received fire safety training twice yearly. Fire safety check records were up to date. There were no obvious fire risks.

Areas for improvement

There were no areas of improvement identified within the additional areas examined.

Number of requirements:	0	Number of recommendations:	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Naomi Graham	Date completed	16/10/15
Registered Person	Dr Claire Royston	Date approved	16.10.15
RQIA Inspector assessing response	Alice McTavish	Date approved	19/11/15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to care.team@rqia.org.uk from the authorised email address

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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.