

Unannounced Care Inspection Report 24 May 2016



Annahilt

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www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Annahilt took place on 24 May 2016 from 10.30 to 16.15.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

One recommendation was made to review the policy on adult safeguarding to ensure it reflects the current regional guidance.

Is care effective?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to care records, audits and reviews and communication between residents, staff and other key stakeholders.

Is care compassionate?

There were no areas for improvement identified. 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 to taking into account the views of residents.

Is the service well led?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

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	1

Details of the QIP within this report were discussed with Naomi Graham, 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 finance inspection dated 19 February 2016

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

2.0 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 February 2010
Categories of care: RC-A, RC-DE, RC-I	Number of registered places: 36
Weekly tariffs at time of inspection: £494.00 - £517.00	Number of residents accommodated at the time of inspection: 33

3.0 Methods/ processes

Prior to inspection we analysed the following records: the previous inspection report and the accident/incident notifications.

During the inspection the inspector met with 25 residents, one relative, two care assistants, one senior care assistants and the registered manager.

Ten resident views, five representative views and ten staff views questionnaires were left in the home for completion and return to RQIA.

The following records were examined during the inspection:

- Three care records
- Duty rota for week beginning 23 May 2016
- Supervision and appraisal schedules
- Record of a completed induction programme
- Mandatory training records
- A staff competency and capability assessment
- Policy on adult safeguarding
- Fire safety records
- Records of residents and staff meetings
- Record of complaints
- Accident and incidents records
- Monthly monitoring reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 19 February 2016

The most recent inspection of the home was an announced finance inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 15 September 2016

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

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty – five care assistants, one senior care assistant and the registered manager.

Review of completed induction records 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. Induction records were found to be comprehensive and were completed over the first three months.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

The registered manager and staff 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; records of competency and capability assessments were retained. A staff competency and capability assessments was reviewed and found to be comprehensive and updated annually.

Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

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

The adult safeguarding policy in place was dated November 2014 included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The adult safeguarding policy did not reflect the current regional guidance. A recommendation was made to address this. The registered manager confirmed that there are plans in place to implement the new adult safeguarding procedures (relating to the establishment of a safeguarding champion).

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home.

Detailed care needs assessments and risk assessments were in place and reviewed on a monthly basis or more often if necessary. Such records were supported with multi-disciplinary assessments.

The registered manager confirmed that areas of restrictive practice were employed within the home including 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. Residents who were assessed as capable and competent to leave the home independently were aware of the keypad code.

A review of the Statement of Purpose identified that restrictions were adequately described.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, en-suite bathrooms, communal lounges and bathrooms. Residents' bedrooms were personalised with photographs, spiritual emblems, pictures and personal items. The home was fresh smelling, clean and appropriately heated. A number of bedrooms and one bathroom have been identified for refurbishment.

Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection, prevention and control (IPC) procedures. Residents were able to describe how staff members wore gloves and aprons when assisting with personal care tasks/kept the home clean.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home.

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.

A review of the fire safety risk assessment dated 27 July 2015, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. A Fire drill was completed on 2 March 2016 and a record was retained of staff who participated.

Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

One area for improvement was identified during the inspection. A recommendation was made to review the policy on adult safeguarding to ensure it reflects the current regional guidance.

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

Discussion with the registered manager established that the 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 up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Care records were found to be current and comprehensive.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff and a review of care records confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. Such correspondence was recorded on a multi-disciplinary communication sheet.

The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of medication and the environment were undertaken daily. Monthly audits of risk assessments, care plans, accidents and incidents (including falls), complaints and the environment were available for inspection. Further evidence of the completion of audits was contained within the monthly monitoring visits reports and the annual quality report.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, relatives meetings, staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents, one relative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives. One relative commented: "My relative had a fall on Friday and they got the GP out. The staff were on the phone to me three times."

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

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

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

“It’s a lovely home in here, the staff are all very kind.”

Discussion with staff, residents and one relative confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

Staff spoken with and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ independence and of maintaining dignity. Staff were also able to demonstrate how residents’ confidentiality was protected.

Discussion with staff, residents, one relative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. One resident advised that the activity coordinator arranged for a variety of animals to visit the residents in the home.

This resident commented on how much enjoyment was gained from this. On the day of the inspection the residents were engaged in singing with one resident playing the keyboard. One resident commented:

“I am very happy in here, there are always plenty of activities on. If I have any worries I just ask some of the staff. If I need anything, I use the buzzer.”

Arrangements were in place for residents to maintain links with their friends, families and wider community. One relative spoken with commented:

“I think it’s great, its home from home. There are always plenty of staff around and the staff are very approachable. I think you will find everything is in order here.”

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, one relative 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.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager confirmed that policies and procedures were systematically reviewed every three years or more frequently should changes occur.

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

Compliments were retained in the home. Comments noted on compliment cards included:

- "I just wanted to say a personal thank you for all the care and amazing attention you gave. I have nothing but praise for every one of you. We always knew that our relative was being well looked after day and night."
- "Very many thanks for all that you do to make this place truly a home for the residents."
- "Sincere thanks for pulling out all the stops. Thank you for all the presents; the beautiful new outfit, matching necklace and gorgeous flowers."

Arrangements were in place to share information about complaints and compliments with staff.

A review of accidents/incidents and 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 this was available for inspection.

The registered manager confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. In addition to this the management have implemented an iPad system to capture daily feedback in regard to the quality of life of the residents. This can be completed by a resident a representative or a visiting professional. Such responses, whether positive or negative, are disseminated to staff and an action plan devised to address any issues.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Currently two staff members are being supported by the organisation to complete their NVQ Level three.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager identified that she had an understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns. The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately.

The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

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.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Naomi Graham, 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.

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 weaknesses that exist in the establishment. 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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 24 August 2016</p>	<p>The registered person should ensure that the policy on adult safeguarding is reviewed to reflect the current regional guidance.</p>
	<p>Response by registered person detailing the actions taken: The Adult Safeguarding Policy has now been ratified for issue.</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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