



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Annahilt

Date of Inspection: 26 November 2014

Inspector's Name: Kylie Connor

Inspection ID: 016659

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Service:	Annahilt
Address:	246 Ballynahinch Road Annahilt Hillsborough BT26 6BP
Telephone number:	(028) 9263 8399
E mail address:	annahilt@fshc.co.uk
Registered Organisation/ Registered Provider:	Mr James McCall Four Seasons Health Care
Registered Manager:	Ms Naomi Graham
Person in charge of the home at the time of inspection:	Mrs Myrtle Patterson, Deputy Manager
Categories of care:	RC-I, RC-A (not exceeding 6), RC-DE (not exceeding 9)
Number of registered places:	36
Number of residents accommodated on Day of Inspection:	36
Scale of charges (per week):	£511 for en-suite rooms £461 for other rooms
Date and type of previous inspection:	4 June 2014 Primary Unannounced Care Inspection
Date and time of inspection:	26 November 2014 11:30am to 3:30 pm
Name of Inspector:	Kylie Connor

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager and deputy manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and observation of others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard: **Standard 9 Health and Social Care.**

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Annahilt Residential Home is a large detached, two-storey property set in its own grounds located in the village of Annahilt between Hillsborough and Ballynahinch. The home is in the South Eastern Health and Social Care Trust geographical area. The home provides accommodation for up to a maximum of 36 residents on two floors. The home is owned and operated by Four Seasons Health Care and Naomi Graham is the registered manager.

The ground floor consists of two sun lounges at the front of the home, staff and office accommodation, two large sitting rooms with a further smaller sitting room towards the rear of the home, a large dining room, kitchen, laundry and shower rooms/toilet facilities and 15 bedrooms (13 single and two double), four of which have en suite shower and toilet facilities.

The upper floor, which can be accessed via a lift and stairway, has a small sitting room 20 bedrooms (17 single and 3 double) 4 of these bedrooms have en-suite shower and toilet facilities. There is a large garden and adequate seating is provided. The registration certificate was prominently displayed.

The home is registered to provide care for persons under the following categories of care:

Residential care

RC-I	Old age not falling into any other category
RC-DE	Dementia not exceeding nine persons
RC-A	Past or present alcohol not exceeding six persons

7.0 Summary of inspection

This secondary unannounced care inspection of Annahilt was undertaken by Kylie Connor on 26 November 2014 between the hours of 11:30 am and 3:30 pm. Myrtle Patterson, Deputy Manager was available during the inspection and for verbal feedback at the conclusion of the inspection. It is appreciated that Myrtle Patterson stayed on beyond the end of her shift to facilitate the inspection.

Nine of the ten recommendations made as a result of the previous inspection were also examined and one was carried forward to be examined at the next inspection. There was evidence that the home has addressed the majority and two have been stated for the second time in areas pertaining to an epilepsy plan and the statement of purpose.

The focus of this unannounced inspection was on Standard 9, Health and Social Care. Annahilt was found to be compliant with this standard. There were processes in place to ensure the effective management of the areas within the standard inspected. A recommendation has been made pertaining to care plans regarding the care and support required by residents to maintain good oral health.

During the inspection the inspector met with residents, staff, the deputy manager, a visitor and discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspector observed care practice, an organised activity, the lunch, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties. The visitor spoke highly of the home and of staff attitude.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard. Further details in respect of these areas are in section 10 of the report.

Five recommendations were made as a result of the secondary unannounced inspection. Details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, deputy manager, visitor and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 4 June 2014

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	10.1 10.2	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.	Not Examined. Carried forward to next inspection.	Not Examined
2	10.1	Review and improve the format of recording non-verbal cues residents may make and detail what is understood by staff/others about what the residents is/might be communicating and how staff should respond.	A care record was reviewed which identified that this is addressed.	Compliant
3	10.1	Ensure that an epilepsy management plan is in place for all residents who have a diagnosis of epilepsy.	The care plan did not include how staff are to respond and provide immediate care and support. This is not addressed.	Substantially compliant

4	10.7	Review and improve the homes statement of purpose as detailed in the report in regard to the use of restrictive practices.	Improvements were made. It is further recommended to detail the types of restrictive practices which, may be in place in the home at any time. This is not addressed.	Substantially compliant
5	13.1	Review and improve male orientated activities.	Discussions with the deputy manager and staff verified that consultation has taken place with the male residents and suggestions made included quiz activities and a trip to Ulster museum which was organised. This is addressed.	Compliant
6	13.6	Activity records should reflect the duration of each activity.	Discussions with the deputy manager confirmed this is addressed.	Compliant
7	29	Provide a copy of the homes most recent fire safety assessment to the estates inspector with details of actions taken in response to recommendations.	Discussions with the deputy manager confirmed this is addressed.	Compliant
8	11.1	A care review procedure should be developed to include reviews of residents who are self-referred/self-funding. This should include involving care management and/or an advocate as detailed in the report.	The planned admission to the service policy includes reference to the review of the person's placement. This is addressed.	Compliant

9	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.	The recruitment policy is in draft and appendices referred to where not completed. This is not addressed and is re-stated.	Moving towards compliance
10	12 20	The registered manager should respond to the issues raised in the returned staff questionnaires.	Discussion with the deputy manager and staff identified that this has been addressed. The organisation has conducted a staff survey and results are pending.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed:	COMPLIANCE LEVEL
9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	
Inspection Findings:	
The inspector reviewed the care records of two residents. In all cases the name and contact details of each resident's General Practitioner and optometrist was present. Arrangements are in place for all residents to have oral screening and there was confirmation that staff received training in oral health at induction and periodically. A process is in place re-registering with a new GP and other multi-professionals on admission and relevant policies and procedures are in place.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	
Inspection Findings:	
Discussions with staff in relation to specific residents' needs indicated that they were knowledgeable of the residents' care needs and the action to be taken in the event of a health care emergency. It was confirmed that they are provided with mandatory training and that they receive updates during staff handovers of any changes in a resident's condition or care plan. There was confirmation that care plans are updated. The deputy manager stated that it is planned to organise training in sensory loss following all staff completing the resident experience training. Deputy manager confirmed that specific training is organised in response to the changing needs of residents.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: The two care records examined, identified that a needs assessment had been undertaken which informed care plans and risk assessments. There was confirmation that the information is monthly evaluations undertaken. There was evidence of liaison with a wide range of primary health and social care services and all contacts were clearly recorded in the medical notes section of each resident's record. Staff on duty were able to describe the referral systems should a resident require the services of health care professional. Residents are referred to the district nurse for continence assessments and pads are delivered and ordered in accordance with this. Staff confirmed that there are no issues in accessing adequate pads or bed linen or personal protection equipment.</p>	Compliant
<p>Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: Review of care records and discussion with the person in charge and staff members confirmed that mostly family take to appointments and if staff accompany, family are contacted by telephone or email by agreement with a record made in the resident's care record. The home can arrange transport via a GP if required.</p>	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings:	
An examination of two care records confirmed there are arrangements in place to monitor the frequency of residents' health screening and appointments. It was confirmed that vision call or optimise contact the home to arrange appointments which are due and the home keeps an appropriate file with all appointment records held in resident care file. A record is maintained for residents who receive podiatry appointments in the home. It was confirmed that referrals are made through the trust to the sensory team for equipment or via the GP to audiology for assessment or review. The home orders batteries for hearing aids via the audiology department. The annual review process monitors residents' health in these areas. There was confirmation that a system is in place in regard to managing incontinence. It was identified that arrangements are in place for dental screening.	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
The deputy manager confirmed that residents' spectacles, dentures and personal equipment and appliances are maintained by residents with assistance from staff. Care plans reviewed demonstrated some support was needed from staff but care plans reviewed did not detail support required regarding dentures/teeth. A recommendation has been made. Following oral screening the home has received assessments including the need to see a dental hygienist.	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

The inspector met with five residents individually and discretely observed lunch and a bingo activity in the afternoon. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

- "I'm happy enough."
- "It's well organised, staff are efficient, courteous and helpful."
- "The food is alright, on the whole it is good enough for me."

10.2 Relatives/representative consultation

One visitor was spoken to as the inspector was leaving the home. The visitor made positive comments in regard to the care and support she observed residents receiving. The visitor confirmed that staff were approachable and polite and that the environment was always well presented. No concerns or suggestions for improvements were made.

10.3 Staff consultation

The inspector spoke with three staff member who confirmed that they felt well supported in their respective roles, had been provided with training and are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of individual residents and confirmed that they have unrestricted access to continence products, towels and bed linen.

Comments received included:

- "I think food is very, very good and they do tailor it to individual residents."
- "Our staff tend to stay that's a good sign".

10.4 Visiting professionals' consultation

No professionals were spoken to during this inspection.

10.5 Environment

The inspector viewed the home alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of good standard.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Naomi Graham and Myrtle Patterson, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Kylie Connor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Secondary Unannounced Care Inspection

Annahilt

26 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Myrtle Patterson, Deputy Manager and Naomi Graham, Registered Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19.1 19.6 (Section 8 of the report refers)	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. <ul style="list-style-type: none"> It should state how residents, or where appropriate their representatives, are involved in the recruitment process where possible. 	Three	The policy is being reviewed to include the relevant guidance and will available within the required timescale.	31 March 2015
2	10.1 (Section 8 of the report refers)	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 plan and epilepsy management plans should include how staff are to respond and provide immediate care and support. 	Two	The care plan and epilepsy management plan has been reviewed and updated to include how staff are to respond and provide immediate care and support	By return of QIP
3	10.7 (Section 8 of the report refers)	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.	Two	The Statement of Purpose has been ammended in regard to restrictive practices used within the home	1 February 2015

4	10.1 10.2 (Section 8 of the report refers)	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.	Two (carried forward from the previous inspection)	The policy is being reviewed to include the relevant guidance and will available within the required timescale.	1 March 2015
5	6.2 (Section 9.6 of the report refers)	<p>The responsible person should ensure that an individual comprehensive care plan is drawn up as the assessment of the resident's needs 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. 	One	The care plans have been amended to include details of any assistance required in regards to cleaning teeth and glasses as discussed on day of inspection	By return of QIP

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Naomi Graham
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	<i>Carol Cousins</i> CAROL COUSINS.

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	<i>K. Connors</i>	<i>21/1/15</i>
Further information requested from provider			