



Announced Care Inspection Report 29 September 2020



Annahilt

Type of Service: Residential Care Home (RCH)

Address: 246 Ballynahinch Road, Annahilt, Hillsborough, BT26 6BP

Tel No: 028 9263 8399

Inspector: Debbie Wylie

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 36 residents.

3.0 Service details

<p>Organisation/Registered Provider: Tamulst Care Limited</p> <p>Responsible Individual: Maureen Royston</p>	<p>Registered Manager and date registered: Naomi Graham 17 February 2010</p>
<p>Person in charge at the time of inspection: Naomi Graham</p>	<p>Number of registered places: Total number 36 comprising: RC-A, RC-DE, RC-I</p> <p>A maximum of 9 persons in RC-DE (mild) category of care and a maximum of 6 persons in RC-A category of care.</p>
<p>Categories of care: Residential Care (RC) A – Past or present alcohol dependence I – Old age not falling within any other category DE – Dementia</p>	<p>Number of residents accommodated in the residential home on the day of this inspection: 20</p>

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection prevention and control (IPC)
- quality of life for residents
- quality improvement.
- nutrition
- consultation

Residents consulted with spoke positively regarding their experience of living in Annahilt and some of their comments can be found in the main body of the report. Those who could not verbally communicate looked to be relaxed and settled in their environment.

The findings of this report will provide Annahilt with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Naomi Graham, 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.

5.0 How we inspect

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- staff duty rotas 31 August to 13 September 2020
- staff training matrix 2020
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports May to August 2020
- complaints analysis and compliments records
- incident and accident analysis
- minutes of residents'/relatives'/staff meetings March to August 2020
- activity planner for July and August 2020
- menus for August 2020
- three residents' care records

During the inspection RQIA were able to consult with residents and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents, residents' representatives and staff. Ten residents' questionnaires, ten residents' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place via video technology with Naomi Graham, Manager.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 12 February 2020.

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing

Review of the staff rota from 31 August to 13 September 2020 evidenced that staffing levels were maintained in the home. The rota identified staff names and duty roles however, the managers' hours were not recorded on the duty rota. This was discussed and is to be added to the rota and will be reviewed at the next inspection.

The manager told us staffing levels in the home were at a level which met the assessed care needs of the residents and would be adjusted if necessary. Staff were observed responding to residents' needs with requests from resident answered without delay.

Staff spoken with said they felt well supported by the manager in their roles and they worked well as a team for the benefit of the residents. Staff were aware of their roles and responsibilities and were knowledgeable about actions they should take if they had any concerns about residents' care or working practices in the home. The manager confirmed that staff received an induction to their roles when they started working in the home and training was completed on-line during the pandemic. This was also confirmed on discussion with staff. Staff told us:

"The training is on-line and e-learning and is very good."

"The staff go above and beyond. I absolutely love it here."

"Staff get on well as a team and the manager is really supportive."

"Staff have really pulled together taking on new roles (during COVID-19)."

As part of the inspection we asked residents, family members and staff to provide us with comments on staffing levels via questionnaires. Three questionnaires were returned and indicated there were no concerns about staffing levels in the home.

6.2.2 Management arrangements

The management arrangements for the home were clear and documents reviewed prior to the inspection showed that management cover was provided in the home over a 24 hour period.

The manager for the home provided on-call cover seven days per week supported by the regional manager. A buddy system was also used where a manager from another home covers on-call arrangements if the manager and regional manager are unavailable. The manager also confirmed that a senior carer or team leader who had completed the person in charge training was always in charge of the home in her absence.

Staff spoken with were also able to confirm the on-call arrangements for out of hours and informed us the manager was always available when required.

6.2.3 Governance systems

The manager was available throughout the inspection and confirmed that the home was operating within its registered categories of care. All staff and residents spoken with commented positively about the manager and described her as a great support.

Review of the accident and incident analysis for May to August 2020 confirmed that trends and patterns were identified and effectively documented. Notification had been made appropriately to the relevant organisations following correct procedure and legislation.

A variety of quality audits were completed regularly including restrictive practices, wounds, accidents and incidents and hand hygiene however, they were not completed regularly for falls, nutrition and care records. A number of audits required actions and outcomes to be added to the records. An area for improvement was made.

The report of the monthly quality monitoring visits from May to August 2020 were reviewed and noted to be well documented and carried out on a regular basis. Actions were followed up and the record was signed when completed.

The record of complaints was reviewed and only two complaint had been received since January 2020. The documentation required the detail, actions taken and outcome of the complaint to be fully completed. This was discussed with the manager and will be put in place. This area will be reviewed at the next inspection.

6.2.4 Infection Prevention and Control (IPC)

At the entrance to the home a supply of gloves, aprons and masks were available for use for visiting professionals to the home. We observed a temperature thermometer and a health questionnaire which the manager confirmed was also completed for anyone entering the home during to the Covid-19 restrictions. The lounge, hallways and conservatory area were clean and tidy and domestic cleaning was taking place in the home. A separate visiting area had been set up to accommodate visiting for families. This area was decontaminated following each visit and social distancing was maintained throughout visits.

Bathrooms and ensuites were inspected and we saw evidence that toilet roll dispensers required cleaning and open packets of wipes were stored on shelves. Staff were also not taking full opportunity to use gloves and hand sanitising gel when required and were observed touching face masks inappropriately. An area for improvement was made.

During the inspection of home a drill and tool box was noted to be unattended in an unlocked room and prescribed cream was also kept in an unlocked cupboard. This was discussed with the manager who arranged for these items to be removed and an area for improvement was made.

6.2.5 Quality of life for residents

On the day of inspection we undertook a virtual walk around the home with the use of video technology. The living areas and dining area of the home were clean, tidy and well decorated. Residents bedrooms were tidy and had lovely items of personal memorabilia displayed including pictures, furniture and ornaments. Corridors were clear of clutter and fire exits were free from obstacles.

There was a well maintained garden area with a summer house and seating which residents had access to when they wished. Residents spoke positively about life in the home and were observed playing games in the lounge during the morning while singing some favourite songs. Residents told us:

“Staff are wonderful.”

“I have walked 80 miles in total around the home to keep fit doing a sponsored walk by just doing 8 laps at a time.”

“It’s very good living here.”

The activities provision plan was reviewed and included chair aerobics, balloon games, bingo, painting, a nail pamper, movies, board games and sing along. We observed the activity the residents were taking part in was the activity advertised on the activities notice board informing residents what was planned for each day. One to one activities were also carried out with residents who preferred this.

6.2.6 Quality improvement

Relatives meetings had been stopped during the Covid-19 pandemic to reduce footfall in the home to maintain infection prevention and control. The home had therefore commenced communication e-mails to relatives to keep them informed of news about life in the home while visiting is restricted.

There was an iPad available for use to provide contact with families and for those who wished to join in with community events such as church services.

6.2.7 Nutrition

We reviewed the nutritional records for three residents. We saw evidence that residents’ weight was recorded on a monthly basis along with their malnutrition universal scoring tool (MUST) to identify care needs. Dietary requirements were in place for each resident and input from other professionals such as the dietician, speech and language team and dentist were recorded.

The menu provided in the home for the month of August 2020 was reviewed. A three week rotating menu was reviewed and showed evidence of a varied nutritional diet for residents to choose from. There were meal choices for residents for the lunch and evening meal and alternatives were available if this was requested.

We observed the lunch meal in the home. Residents were served lunch in the dining room or in their own room if preferred. Staff sat beside residents and assisted those who required help with their meal. There was a relaxed friendly atmosphere with residents and staff chatting about daily life in the home. A choice of drink, main course and condiments were provided and residents were asked what portion size they preferred. Residents told us:

- “The soup is nice and warm.”
- “I’m enjoying my lunch.”
- “I enjoy the lunch here every day.”

6.2.8 Consultation

The home was notified of the inspection 28 days prior to the date of inspection and an inspection pack was sent to the home. The pack included an inspection poster which was displayed in the home to inform residents and their representatives of the contact number and e-mail address to provide us with feedback regarding care provision in the home. We did not receive any feedback.

Questionnaires were also provided for residents, resident’s representatives and staff. Staff also had the opportunity to complete an online survey.

We received one resident and two relative completed questionnaires which said that they were very satisfied that the home was providing safe, effective, compassionate and well led care. Comments from seven residents and two staff consulted during the inspection included:

- “This home is fantastic.”
- “Residents come first.”
- “I feel safe in the home.”
- “There is plenty of entertainment and it’s a laugh!”
- “There’s a good family atmosphere in the home but residents are missing their relatives.”

A record of compliments received were retained in the home and shared with staff. Some comments included:

- “You all go above and beyond the call of duty whilst looking after our loved ones.”
- “Thanks for taking care of mum at this difficult time.”
- “You are all doing a great job and we all appreciate it.”

Areas for improvement

Areas for improvement were identified including audits for falls, nutrition and care records, infection prevention and control and maintaining a safe environment.

	Regulations	Standards
Total number of areas for improvement	2	1

6.3 Conclusion

The inspection feedback was positive overall and residents appeared relaxed in their environment. There were no concerns about staffing levels in the home and the managers hours are to be added to the staff rota. Documentation of complaints is to be more detailed and include actions and outcomes. Interaction between staff and residents was caring and friendly.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Naomi Graham, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(7) Stated: First time To be completed by: immediately from the date of inspection	<p>The registered person shall minimise the risk of spread of infection through the appropriate use of gloves and hand sanitising gel when required and correct use of face masks.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: PPE is supplied for all staff - feedback was given to the staff following the inspection and Manager continues to monitor use of PPE with the use off weekly PPE observations.</p>
Area for improvement 2 Ref: Regulation 14(2)(a) Stated: First time To be completed by: immediately from the date of inspection	<p>The registered person shall ensure all parts of the residential care home to which residents have access are free from hazards to their safety. This is in relation to an unattended drill and tool box.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: The Maintenance Person in the Home will store his tool box in a locked area whilst not in use.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 20.10 Stated: First time To be completed by: 30 November 2020	<p>The registered person shall ensure that all working practices are systemically audited to ensure they are consistent with the home's documented policies and procedures and action is taken when necessary.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Four Seasons have an auditing system in place - going forward this will be completed in more detail in line with policy.</p>

Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)