



Unannounced Care Inspection Report

25 June 2019



80 Upper Movilla Street

Type of Service: Residential Care Home

Address: 80 Upper Movilla Street, Newtownards, BT23 8JP

Tel no: 028 9181 0003

Inspectors: Alice McTavish and Briege Ferris

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 registered residential care home which provides care for up to three adults who have a learning disability. This home had previously been part of Kimberley House, registered with RQIA to accommodate 16 people, and reverted to its former name with a reduction in the number of residents accommodated in March 2019.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group/Challenge Responsible Individual: Andrew James Mayhew	Registered Manager and date registered: Joanne Black, 2 August 2013
Person in charge at the time of inspection: Joanne Black	Number of registered places: 3
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 2

4.0 Inspection summary

An unannounced inspection took place on 25 June 2019 from 09.05 hours to 14.35 hours.

This inspection was undertaken by care and finance inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. Areas for improvement in respect of the last finance inspection have also been reviewed.

Evidence of good practice was found in relation to staff induction, supervision and training, the opportunities for residents to live as part of the community, the support provided to staff by management and maintaining good working relationships.

Six areas requiring improvement were identified, four of which were stated for the second time; these related to records of residents' furniture and personal possessions, a quarterly reconciliation of the contents of the safe place, written notice of all changes to the resident's agreement and appointee details being recorded in the individual resident's agreement. Two new areas for improvement were identified. These were in relation to staff competency and capability assessments and to audit of the home's working practices.

A resident described living in the home as being a good experience: "All is going well here. I really enjoy living (in 80 Upper Movilla Street), this is my home, my space. My room is comfortable...I get to choose the paint colours in the house...I plan my meals each week and go out shopping with the staff. I like the freedom to live as I want to."

The findings of this report will provide the home 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	*4

*The total number of areas for improvement includes four which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Joanne Black, 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.

4.2 Action/enforcement taken following the most recent inspection dated 8 November 2018

The most recent inspection of the home was an unannounced care inspection. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings of previous estates and pharmacy inspections, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. One questionnaire was returned by a member of staff.

During the inspection a sample of records was examined which included:

- staff duty rotas from 10 June to 30 June 2019
- staff training schedule and training records
- induction records of one member of staff
- two residents' records of care
- complaint records
- governance audits/records

- accident/incident records from November 2018 to April 2019
- report of visit by the registered provider for April 2019
- RQIA registration certificate
- residents' property records
- transport agreements
- individual written agreements

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 the last care and finance inspections

The area for improvement identified at the last care inspection has been reviewed and assessed as met.

Five areas for improvement were identified at the last finance inspection. One was assessed as met and four were not met. These have been included in the QIP at the back of this report.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The manager and staff on duty confirmed that staffing was safe and kept under review. There was care staff on duty during the day and in the evenings and overnight.

Staffing and recruitment

We could see that the duty rota accurately reflected the staff working within the home. The manager described how the organisation made sure that all staff were properly recruited and that all pre-employment checks were made. We were assured that staff were properly vetted and suitable to work with the residents in the home.

Staff induction, supervision, appraisal and competency

We spoke with staff who told us that they had a very thorough induction to working in the home. All care staff had supervision at least six times each year. This exceeds the standards. We saw records kept by the manager to make sure that all staff had an annual appraisal of their work.

All senior care staff had an assessment of their competency and capability completed by the manager to ensure that they can take charge of the home the manager was not on duty. When we looked at the duty rota we saw that there were some support workers who were left in charge. The manager told us that these staff had not been assessed as being competent and capable of being in charge in her absence since the change in registration of the home in March 2019. We asked that this be addressed to meet the regulations.

Staff training and registration with their professional body

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training.

Staff told us that they were registered with their professional body, the Northern Ireland Social Care Council (NISCC) and we saw records of these registrations. Registration with NISCC is necessary to ensure that social care staff are safe practitioners and they adhere to NISCC standards of conduct and practice.

Environment

We walked around the home and saw that it was in good decorative state and it was kept clean, warm and comfortable. Bedrooms contained the personal possessions of residents and there were no malodours.

There was a lounge and a dining room for the use of residents on the ground floor. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

Restrictions

The manager told us that she makes sure that residents living in 80 Upper Movilla Street enjoyed as much freedom as possible whilst remaining safe and some restrictions were necessary to achieve this.

When we looked at care records for residents we saw that any restrictions were documented in detail. The manager told us that any restrictions were discussed and agreed with residents and their relatives, kept under review and removed when they were no longer needed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal and the home's environment.

Areas for improvement

One area was identified for improvement. This was in relation to competency and capability assessment for staff left in charge of the home.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We spoke with staff who were able to describe in detail the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

Management of risks relating to residents

We saw from the care records that there was a robust assessment and admissions process before residents could be admitted to 80 Upper Movilla Street. When risks were identified and assessed, a plan was put in place to meet the care needs of the resident and to reduce any risks. The manager described how there was good working relationships between professionals and how this helped the process of assessing and planning care needs and working towards managing risks.

Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents. We saw how the records incorporated Human Rights considerations and how staff in the home shared the content of care records with the residents they wrote about; these records were signed and dated by the residents. We saw that residents had given written consent for information to be shared with other professionals and that a range of records was presented in an easy read format to help residents understand. This is good practice.

There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. We saw that the organisation had a system in place to review the care provided to residents on a monthly basis; for one resident, this had not been consistently completed since January 2019 and this had not been identified during audits of care records. We asked that this be addressed to meet the standards.

We saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

One area was identified for improvement. This was in relation to audit of the home's working practices.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Culture and Ethos of the home

A resident was in the home for a short time during the inspection. We could see that the interactions between the resident and staff were positive and the resident appeared content and at ease with staff.

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident liked to do and residents' daily routines were recorded. Staff told us that the residents' routines were carefully planned to meet residents' specific needs and a flexible approach was adopted, where necessary.

Activities

Staff told us about the range of activities available and how the staff worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. Staff gave examples of how residents were supported to be as independent as possible and how a person centred approach by staff helped residents to achieve this. The resident described how he enjoyed spending time socialising inside and outside the home.

Resident involvement

We spoke with staff about how residents were given the opportunity to discuss any issues and to make suggestions about how they live their lives in the home and how they spend their time. Staff told us that residents met each month to plan their routines and activities and individual preferences were accommodated as far as possible. Staff also reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

One questionnaire was returned by a member of staff. The respondent indicated that they were very satisfied with all aspects of care in the home and commented: "One of the few places I have worked and feel that all service users' needs (not staff or company needs) come first."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and supporting residents to make their own choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Staff in the home said that they got good support from their manager who was supportive and approachable. The manager told us that the staff team was dedicated, reliable and committed to delivering a high quality of care to residents.

Managerial oversight

The manager completes managerial tasks to make sure she is satisfied that the home runs well. She completes audits of areas such as medications and the home's environment and looks for any ways in which all aspects of the running of the home can be improved. The manager also makes sure that systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

We saw that a current fire risk assessment for the premises was in place and that no recommendations were made. We saw that the fire detection and alarm system was regularly serviced and tested.

Accidents and incidents

The manager described the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

Communication

The manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. Staff described how information was exchanged between each shift and how this was recorded. This helped ensure that correct information was passed on. If there were any changes to a resident's care plan, these were shared with staff who would sign to confirm that they had read the new care plan.

Visits by the registered provider

The home was visited by the registered provider each month. We looked at the report of the visit for April 2019 and found it to be comprehensive. The report showed how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits, complaints and reports were managed and shared, where necessary.

Findings of the finance inspection

A range of residents' financial records were reviewed which included residents' property, transport agreements and individual written agreements. In general, controls to safeguard monies and property were found to be in place. The areas for improvement identified in the last finance inspection which were unmet are stated for a second time and are detailed in the QIP.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements, management of complaints and incidents, maintaining good working relationships and written transport agreements.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joanne Black, registered 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 care 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 20 (3) Stated: First time To be completed by: 30 August 2019	The registered person shall ensure that all staff are assessed as being competent and capable of being in charge of the home for any period of time in the absence of the manager. Ref: 6.3
	Response by registered person detailing the actions taken: Completed for all staff who complete duties in 80 Upper Movilla St
Area for improvement 2 Ref: Regulation 19 (2) Schedule 4 (10) Stated: Second time To be completed by: 25 July 2019	The registered person shall ensure that each resident has a record of the furniture and personal possessions which they have brought into the room they occupy. (Record of residents' personal property should be kept up to date over time). Ref: 6.6
	Response by registered person detailing the actions taken: All residents have a live Inventory in place.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 5.5 Stated: First time To be completed by: 31 July 2019	The registered person shall ensure that the working practices are systematically audited in line with the organisation's policies and procedures. Ref: 6.4
	Response by registered person detailing the actions taken: The completion of monthly synopsis have been delegated to specific staff to ensure regular completion. The Manager will audit x1 file per month to ensure records are up to date. The HOO completes a monthly monitoring visit which includes the audit of at least 1 care file
Area for improvement 2 Ref: Standard 15.12 Stated: Second time To be completed by: 30 June 2019 and at least quarterly thereafter	The registered person shall ensure that a quarterly reconciliation of the contents of the safe place should be carried out, recorded and evidenced at least every quarter. Best practice would dictate that two people sign and date the reconciliation. Ref: 6.6
	Response by registered person detailing the actions taken: Completed on 27.6.19 by Manager and Admin assistant. To be completed quarterly.

<p>Area for improvement 3</p> <p>Ref: Standard 4.6</p> <p>Stated: Second time</p> <p>To be completed by: 25 July 2019</p>	<p>The registered person shall ensure that the resident or their representative is given written notice of all changes to the resident's agreement and these are agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.6</p>
<p>Area for improvement 4</p> <p>Ref: Standard 15.10</p> <p>Stated: Second time</p> <p>To be completed by: 25 July 2019</p>	<p>The registered person shall ensure that where a representative of the home is acting as appointee (managing the social security benefits of a resident) that these details and the records to be kept are detailed in the individual resident's agreement with the home.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: The Manager has provided updated information to all residents in regard to Annual uplift of charges for care. This does not directly impact the individuals care or finances.</p>
	<p>Response by registered person detailing the actions taken: The Resident Agreement has been updated with the relevant information for the Residents whom the Manager is Appointee.</p>

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



The Regulation and
Quality Improvement
Authority

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

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