

# Unannounced Care Inspection Report 1 September 2017



## Kimberley House

**Type of Service: Residential Care Home**  
**Address: 45 Abbey Road, Newtownards, BT23 8JL**  
**Tel No: 028 9181 0003**  
**Inspector: Alice McTavish**

[www.rqia.org.uk](http://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.

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home with 16 beds that provides care for adults who have a learning disability. The home comprises two buildings, Kimberley House and the adjacent premises at 80 Upper Movilla Street. The home had previously operated under two separate registrations which were amalgamated under one registration in January 2017.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Praxis Care Group / Challenge  <b>Responsible Individual:</b> Andrew Mayhew	<b>Registered Manager:</b> Joanne Black
<b>Person in charge at the time of inspection:</b> Sarah Hill, team leader, until 10.00. Kathryn Coey, team leader, from 10.00.	<b>Date manager registered:</b> 2 August 2013
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 16

### 4.0 Inspection summary

An unannounced care inspection took place on 1 September 2017 from 09.45 to 14.20.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention, care records, the culture and ethos of the home and to governance arrangements.

Residents said that they were well cared for in the home and liked living there.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

Details of the Quality Improvement Plan (QIP) were discussed with Kathryn Coey, team leader, 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 February 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP and notifiable events received since the previous care inspection.

During the inspection the inspector met with two residents, three care staff, one member of domestic staff and the home's administrator. No visiting professionals and no residents' visitors/representatives were present.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Care files of two residents
- The home's Service Users Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of service users' monies and medications
- Annual internal audit report
- Equipment maintenance records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessments
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual
- Scheme evaluation report for 2015/16
- Summary for service user survey 2017.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 most recent inspection dated 28 February 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 28 February 2017

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure the following:</p> <ul style="list-style-type: none"> <li>• Freestanding wardrobes in residents' bedrooms are secured to the wall to prevent the risk of toppling.</li> <li>• Water damage to the walls in communal bathrooms is repaired and the bathrooms redecorated where necessary.</li> <li>• The upstairs lounge is redecorated and seating replaced.</li> <li>• Garden furniture is refurbished and repainted, or replaced if necessary.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the person in charge and inspection of the premises confirmed that wardrobes were secured to the walls, the upstairs lounge was redecorated and the garden furniture was refurbished and repainted. There were plans in place to refurbish communal bathrooms.</p>	

<b>Area for improvement 1</b> <b>Ref:</b> Standard 8.5 <b>Stated:</b> First time	The registered provider should ensure that body maps are dated when they are completed by staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the person in charge and inspection of care records confirmed that body maps were dated when they are completed by staff.	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 8.2 <b>Stated:</b> First time	The registered provider should ensure that care records specify the date and time that marks are identified, whether an explanation for such marks can be provided, how they are to be described pictorially and what action was taken as a consequence.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the person in charge and inspection of care records confirmed that body maps were appropriately dated, signed and sufficient detail provided with regard to an explanation for any marks, how marks were to be described pictorially and what action was taken as a consequence.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The person in charge 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 and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the person in charge and staff evidenced that an induction programme, which also included a corporate induction, was in place for all staff, relevant to their specific roles and responsibilities. A probationary report was also completed for each member of staff at the end of the induction period.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. Staff advised that the full staff team, including agency care staff, domestic, kitchen and administrative staff, were provided

with supervision on a monthly basis; this was deemed necessary due to the intensive nature of working in the home environment.

The person in charge 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. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory. Competency and capability assessments were completed annually. This represented good practice.

A review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. This policy and procedure was unchanged and was not reviewed on this occasion.

Discussion with the person in charge confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The person in charge advised that enhanced AccessNI disclosures were viewed by the organisation for all staff prior to the commencement of employment, also that the registered manager received written confirmation that all documentation was satisfactory.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The person in charge described how registration was discussed at staff meetings, and how records were maintained of the dates of staff registrations and of due dates of annual fee payments.

The adult safeguarding policy and procedure in place was reviewed during the last care inspection and was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the person in charge, review of accident and incidents notifications, care records and complaints records confirmed that any 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 person in charge confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the person in charge identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge during a previous care inspection confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The person in charge confirmed there were restrictive practices employed within the home, notably a keypad entry system at the front door and locked doors to the kitchen. Door alarms were used at night. Discussion with the person in charge regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the residents guide identified that restrictions were adequately described.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary. Any restrictions used in the home were noted within the restrictive practice register and this was appropriately signed. Restrictions were also discussed during annual care reviews and documented within the minutes of such meetings.

The person in charge and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons/bodies were informed.

The person in charge confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc.

The person in charge confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure during a previous care inspection confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The person in charge reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

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. Discussion with the person in charge confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 18 June 2017 for the main building and on 21 October 2016 for the property at 80 Upper Movilla Street. The registered manager advised by email after the inspection that all actions had been completed for Kimberley House and that areas identified for 80 Upper Movilla Street were in the process of being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire and smoke alarm systems were tested weekly and that fighting equipment, emergency lighting and means of escape were checked monthly. All equipment and systems were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place and an easy read pictorial emergency fire plan was displayed in the reception area of the home. Residents also completed a health and safety induction on admission to the home which included emergency evacuation procedures. This represented good practice.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

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

Discussion with the person in charge established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of the care records of two residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. behaviour management, diabetes) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Any restrictions were comprehensively set out within the restrictive practice register. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice; staff were able to describe in detail the individual care needs, choices and preferences of residents.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The person in charge 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 care records, accidents and incidents, complaints, the home's environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and in the annual scheme evaluation report for 2015/16, the last report which was available at the time of this inspection.

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

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

A review of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The person in charge confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.6 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.**

The person in charge confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and staff confirmed that action was taken to manage any anxiety or distress in a timely and appropriate manner. A review of care records evidenced that clear management plans were in place for the management of distressed behaviours.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment; an easy read guide to Human Rights for adults with a learning disability was on display in the reception area of the home.

The person in charge, residents and staff confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to describe how residents' confidentiality was protected.

The person in charge and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents confirmed that their views and opinions were taken into account in all matters affecting them. There were regular residents' meetings and residents were supported and encouraged to actively contribute to and participate in the annual reviews of their care.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff and residents and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- "I like it here. The staff are good to me. I like my room. The staff help me with anything I need help with and they take me out to the pub – I really enjoy that!"
- "I still like living here. I had thought of moving out to live more independently, but I thought about it really carefully and decided to stay here."

**Areas of good practice**

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 taking account of the views of residents.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 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**

The person in charge outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The 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 with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, an easy read version of which was also available. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/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 was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the person in charge confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, dementia in adults with learning disability, epilepsy awareness and emergency management of seizures using midazolam, working with anxiety disorders and OCD.

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 to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The person in charge confirmed that the registered provider was kept informed regarding the day to day running of the home.

The person in charge confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the person in charge and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The person in charge advised that staff could also access line management to raise concerns and that management would offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. The organisation also recognised the potential in staff to develop professionally and supported staff to complete further qualifications. Some staff had completed QCF level 5 in leadership and management in health and social care whilst others were completing QCF level 3 qualifications.

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



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