

Unannounced Care Inspection Report 5 October 2016



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

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Kimberley House took place on 5 October 2016 from 09.50 to 15.10.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

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.

One requirement was made in regard to the completion of competency and capability assessments of staff left in charge of the home in the absence of the registered manager. One recommendation was made in regard to reviewing the home's Statement of Purpose and Residents Guide to describe any restrictions employed within the home.

Is care effective?

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

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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.

No requirements or recommendations were made in relation to this domain.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP, there were no further actions required to be taken following the most recent care inspection on 17 November 2015.

2.0 Service details

Registered organisation/registered person: Praxis Care Group/Challenge	Registered manager: Joanne Black
Person in charge of the home at the time of inspection: Joanne Black	Date manager registered: 2 August 2013
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 13

3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with two residents, the registered manager, and five care staff. No visiting professionals and no resident's visitors/representatives were present.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Care files of three residents

- The home’s Statement of Purpose and Residents’ Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, behavioural issues) and complaints
- Equipment maintenance records
- Accident/incident/notifiable events register
- Minutes of recent residents’ meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- 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

A total of 18 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Five questionnaires were returned.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20 January 2016

The most recent inspection of the home was an announced premises inspection. There were no requirements or recommendations made as a result of the last inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 17 November 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 1.6 Stated: First time To be completed by: 25 March 2015	The registered manager should ensure that the annual resident satisfaction survey is updated to include the following information – <ul style="list-style-type: none"> • the year of the survey • whether the resident received assistance to complete the questionnaire • the date of completion of the survey 	Met
	Action taken as confirmed during the inspection: Inspection of documentation confirmed that the annual resident satisfaction survey was update accordingly.	

4.3 Is care safe?

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

On the day of inspection the following staff were on duty:

- 1 x registered manager
- 1 x team leader
- 2 x support workers
- 1 x administrator
- 1 x domestic

One team leader, four support workers and a cook were due to be on duty later in the day. One team leader and two support workers were scheduled to be on overnight duty.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires 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 available for inspection. It was noted that all staff, including agency care staff, domestic, administrative and kitchen staff, received supervision on a monthly basis; this was deemed appropriate due to the intensive nature of the job. This exceeded the standard required and was to be commended.

The registered manager and staff advised that competency and capability assessments were not 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. A requirement was made in this regard.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager 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. Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Staff advised that registration was routinely discussed during staff supervision.

The adult safeguarding policies and procedures in place were 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 new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for

staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. 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 registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments (e.g. behaviour and incentive plans, where applicable) were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge 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 registered manager confirmed there were restrictive practices were employed within the home, notably locked doors to the kitchen and door alarms. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the Statement of Purpose and Residents Guide identified that restrictions were not adequately described. A recommendation was made in this regard.

Inspection of care records confirmed there was a system of referral to the multi-disciplinary 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.

The registered manager 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. COSHH, fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced. Observation of equipment and inspection of maintenance records confirmed that this was so.

Review of the infection prevention and control (IPC) policy and procedure 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, alcohol hand gels and disposable towels wherever care was delivered.

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

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's 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 registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home's fire safety risk assessment could not be located by the person in charge of the home on the day of inspection; the registered manager was later able to confirm via email that the fire safety risk assessment was completed on 22 June 2016 and the written report had not yet been provided. The registered manager, however, was aware of the recommendation arising from this assessment and provided assurances that this matter had since been escalated to senior management within Praxis Care Group/Challenge.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every six months, most recently on 5 and 22 September 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

Staff described how residents were provided with a health and safety induction when they came to live at Kimberley House. This induction included an explanation of the fire alarm system, smoke alarms, evacuation routes, the use of fire blanket and fire extinguishers and the procedures for emergency contacts. The completed induction was signed by residents. Staff had also arranged for the Northern Ireland Fire and Rescue Service to attend at Kimberley House in 2015 to give a practical demonstration of firefighting equipment and explained the risks of fire in the home. This had provided an informative and enjoyable experience for residents. These practices were to be commended.

Five completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from staff were as follows:

- "Feel that the services provided is safe and puts safety of service users at forefront of care of individuals"
- "Due to staff illness and maternity leave it is difficult to maintain full staff team. However current staff team are very flexible and willing to help out when possible."

Areas for improvement

Two areas for improvement were identified. A requirement was made that competency and capability assessments are 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. A recommendation was made that the home's Statement of Purpose and Residents Guide should be reviewed to describe any restrictions employed within the home.

Number of requirements	1	Number of recommendations	1
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4.4 Is care effective?

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

A review of the care records of three 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/regular statement of health and well-being of the resident. 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 resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail how the individual needs of residents were met within Kimberley House.

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 registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, care review and accidents and incidents (including behavioural issues) 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.

The registered manager 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. Staff described how improvements were made in recording the content of staff handovers, in particular the use of a new written template to capture information about resident care, appointments, resident care and the home environment. These improvements provided a more failsafe method for the exchange of information and led to a direct benefit to residents. The registered manager 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. Staff confirmed that they had received training in communication and in recording skills. Minutes of resident meetings were available for inspection.

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

Five completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from staff were as follows:

- “I feel that from our part in the scheme that we are responsive to the needs of service users, advocating and communicating with statutory teams to express their (residents’) needs/wishes.”

Areas for improvement

No areas for improvement were identified during the inspection.

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

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

There was a range of policies and procedures 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 a resident confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Staff members confirmed that consent was sought in relation to care and treatment. Discussion with staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity. Staff were also able to demonstrate how residents’ confidentiality was protected. For example, a staff member described how the labels were removed from residents’ medication boxes before these were placed into the waste bin and how written records were stored in a secure manner.

Discussion with staff and a resident and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. A resident described how he attended a local gym and was supported by staff to attend social events in the community. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, a resident and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

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 and the Residents Guide was available in a large print, easy read version.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example, 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.

A resident spoken with during the inspection made the following comments:

- “I’m treated well here...the staff are approachable and helpful and will help me if I need it. I know where to go if I was unhappy about anything here and I think staff would deal with any complaints I might have. I like the food here and there is always plenty of good choices about what I can eat. I can go out when I want and I enjoy doing that.”

Five completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from staff were as follows:

- “Service user involvement (is) at forefront of care. Staff team display respect and dignity and are genuinely caring in their role.”

Areas for improvement

No areas for improvement were identified during the inspection.

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

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The registered manager further confirmed that the health and social care needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered 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 DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. 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 available for inspection. 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 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 registered manager confirmed that information in regard to current best practice guidelines was made available to staff, for example, in relation to the completion of risk assessments. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents and included epilepsy awareness of and the administration of emergency epilepsy medication.

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 registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The registered manager confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered providers respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Discussion with a resident identified that residents were informed of the roles of staff within the home; the resident was aware of who could be approached with if he wanted advice or to discuss issues or concerns.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Five completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from staff were as follows:

- “Manager approachable and good support networks in place.”

Areas for improvement

No areas for improvement were identified during the inspection.

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

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 20.-(3)

Stated: First time

To be completed by:
30 December 2016

The registered provider must ensure that competency and capability assessments are 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.

Response by registered provider detailing the actions taken:

The Manager; Joanne Black, has informed the Quality and Governance Dept of Praxis Care of this requirement. In consultation with RQIA Inspector Alice McTavish, relevant content has been discussed and shared within the organisation. Praxis CAre Quality and Governance Dept are currently collating an organisational Competence and Capability Assessment format.

Recommendations

Recommendation 1

Ref: Standards 20.6,
20.9

Stated: First time

To be completed by:
30 December 2016

The registered provider should ensure the Statement of Purpose and Residents Guide are reviewed to describe any restrictions employed within the home.

Response by registered provider detailing the actions taken:

The Manager Joanne Black has updated the Statement of Purpose and Residents Guide to include a description of restrictions employed in the home.

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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