



The Regulation and
Quality Improvement
Authority

Kimberley House
RQIA ID: 1627
45 Abbey Road
Newtownards
BT23 8JL

Inspector: Alice McTavish
Inspection ID: IN021911

Tel: 02891810003
Email: joanneblack@praxiscare.org.uk

**Unannounced Care Inspection
of
Kimberley House**

21 April 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 21 April 2015 from 09.20 to 14.35. On the day of the inspection we found that the home was delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the person in charge Mrs Sam Rogan and later with the registered manager Mrs Joanne Black. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Praxis Care Group / Challenge	Registered Manager: Mrs Joanne Black
Person in Charge of the Home at the Time of Inspection: Mrs Sam Rogan, team leader	Date Manager Registered: July 2013
Categories of Care: RC-LD, RC-LD(E)	Number of Registered Places: 13
Number of Residents Accommodated on Day of Inspection: 9	Weekly Tariff at Time of Inspection: £1439.40 – £2359.40

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish.

Theme: Residents Receive Individual Continence Management and Support.

4. Methods/Process

Prior to inspection we analysed the following records: returned Quality Improvement Plan, notifications of accidents and incidents.

We met with four residents, four care staff and one visiting professional.

We inspected four care records, complaints records, staff training records, accidents and incidents records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced care inspection dated 4 December 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 28 (2) (e)	<u>Liability Insurance</u> Ensure that the current indemnity insurance is available in the home. (A copy of the current Indemnity Insurance Certificate was submitted to RQIA following the inspection.)	Met
	Action taken as confirmed during the inspection: A copy of the current Indemnity Insurance certificate was noted to be displayed within Kimberley House.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 8	<u>Care Plans</u> One area of care planning which is recommended for improvement relates to ensuring that interventions within care plans are recorded parallel to the identified needs. Currently the information does not flow across the plan making the recorded interventions cumbersome to locate and align to the identified needs. Action taken as confirmed during the inspection: Discussion with the person on charge and inspection of the care records confirmed that interventions were recorded and aligned to the identified needs.	Met
Recommendation 2 Ref: Standard 10.5	<u>Training</u> One recommendation made relates to ensuring a record of ongoing staff practical restraint training sessions in the home is retained. Action taken as confirmed during the inspection: Discussion with the person in charge and inspection of the staff training records confirmed that records were retained of ongoing staff practical restraint training sessions in the home.	Met
Recommendation 3 Ref: Standard 10.5	<u>Policy development</u> It is recommended that a policy/procedure on the provision of activities is developed and made available to staff. Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that a policy/procedure on the provision of activities had been developed and was made available to staff.	Met

<p>Recommendation 4</p> <p>Ref: Standard 11.3</p>	<p><u>Staff questionnaire</u></p> <p>It is recommended that responses in staff questionnaires shared with the manager are discussed at a staff meeting and where improvement is recommended an agreed action plan is developed and implemented.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the person in charge and inspection of the minutes of the Staff Team Meeting dated 23 February 2015 confirmed that responses in staff questionnaires were discussed and, where improvement was recommended, an agreed action plan was developed and implemented.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 23.3</p>	<p><u>Staff training matrix</u></p> <p>The frequency of training recorded within the matrix requires to be reviewed and revised as annual updates in First Aid, Infection Control, Safeguarding and Manual Handling is recommended in accordance with RQIA Guidance on Mandatory Training (2013).</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the person in charge and inspection of the staff training matrix confirmed that this had been reviewed and revised and that annual updates in First Aid, Infection Control, Safeguarding and Manual Handling was provided in accordance with RQIA Guidance on Mandatory Training</p>	<p>Met</p>

<p>Recommendation 6</p> <p>Ref: Standard - Policies and Procedures Appex 2</p>	<p><u>Fire Safety</u></p> <p>It is recommended that the fire safety policy/ procedure includes information on the purchasing of textiles, furniture, bedding and sleepwear etc and what action staff should take if a residents clothes catch fire.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that the fire safety policy/ procedure was updated to include information on the purchasing of textiles, furniture, bedding and sleepwear etc and what action staff should take if a residents clothes catch fire.</p>	<p>Met</p>
<p>Recommendation 7</p> <p>Ref: RQIA Guidance on mandatory training for providers.</p>	<p><u>Staff training</u></p> <p>Mandatory training in First Aid, Infection Control, Safeguarding and Manual Handling is recommended annually.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the person in charge and inspection of the staff training matrix confirmed that suitable arrangements had been made to provide mandatory training in First Aid, Infection Control, Safeguarding and Manual Handling annually.</p>	<p>Met</p>

Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

Is Care Safe? (Quality of Life)

Residents can spend their final days in the home, unless there are documented health care needs to prevent this.

We reviewed residents' care records and could confirm that care needs assessments, risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occur to residents' medical condition. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments and care plans were, however, not appropriately signed and we made a recommendation in this regard.

The person in charge advised us that the resident group was relatively young and no resident accommodated had a poor prognosis. There had been no deaths within Kimberley House within the past six years. It was recognised by the staff team, however, that some residents had particular health needs and that serious illness might occur unexpectedly.

Praxis had developed a Dignity Planning Template and it was planned that end of life arrangements would be discussed with residents and their families during forthcoming annual care reviews. We received information from the registered manager after the inspection which confirmed that a clear action plan had been developed to instigate discussions with residents and families around end of life care planning.

Is Care Effective? (Quality of Management)

The home had a policy and procedures in place for Dying and Death of a Resident. In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). The policy and procedures stated that notification of a death should be made to family, GP, commissioning Trust, RQIA and relevant others in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home and that, if required, residents, family members and staff would be supported in the area of dealing with dying and death.

Is Care Compassionate? (Quality of Care)

In our discussion with the person in charge she confirmed that arrangements could be put in place so that spiritual care can be made available for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying would be enabled to do so, if the resident wished. Following a death, the body of the deceased resident would be handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences.

In our discussion with the person in charge she further advised that the deceased resident's belongings would be handled with care, also that his or her representative would be consulted about the removal of these belongings. The home would give generous time to families to remove belongings from the room of the deceased resident.

Areas for Improvement

We identified one area of improvement in relation to this standard. Overall, this standard is assessed to be safe, effective and compassionate.

Number of Requirements	0	Number Recommendations:	1
-------------------------------	----------	--------------------------------	----------

5.3 Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

Staff members had received training in continence management. The staff members we interviewed during inspection were able to demonstrate knowledge and understanding of continence care.

We reviewed residents' care records which confirmed that a person centred assessment and care plan was in place relating to continence. Staff members were able to describe to us the system of referral to community District Nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records

were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the premises and discussion with the person in charge we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present.

Is Care Effective? (Quality of Management)

The home had written policies and procedures relating to continence management and staff had received appropriate training. We reviewed the care records of one resident who presented with more complex continence management needs. We noted that these needs were comprehensively documented and that infection control measures were fully considered. We noted also that records detailed where guidance and advice could be sought from community specialist nurse, when or if required.

In our discussions with staff and through a review of the care records we noted that no residents currently have reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

Is Care Compassionate? (Quality of Care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect by staff. Residents related to us that staff provided assistance with continence care in a sensitive and caring manner.

Areas for Improvement

We identified no areas of improvement in relation to this theme. Overall, this theme is assessed to be safe, effective and compassionate.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.4 Additional Areas Examined

5.5.1 Residents' views

We met with five residents in the home on the day of inspection. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of meals.

Some comments included:

- "I like my room, the food is good, the staff look after me well and they are good. I like living here."
- "I am fairly happy here. The staff look after me well and help me with anything I need help with. They treat me well and are kind to me."
- "Living here is like being part of a family without being related. It's great fun. The staff treat everyone with respect; they are humorous and we can enjoy a laugh together. I feel really comfortable here. It is a great place to live."

5.5.2 Staff views

We met with four staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

Some comments included:

- “Kimberley House offers a very structured and caring way to work and staff provide a quality service to the residents. The residents appear happy, they are encouraged to be as independent as possible and have lots of choices. Staff members empower residents to make their own choices and that shines through. This has been a very good place to work; the staff team is very inclusive and supportive of each other. Management is receptive to working with staff to identify areas of improvement and to work towards improvements in the service.”

5.5.3 Visiting professionals’ views

We met with one visiting professional who spoke positively of the care provided.

- “I have no concerns about the care provided in Kimberley House. The staff team is knowledgeable about the residents and there is very good and detailed written and verbal communication with me about my client.”

5.5.5 General environment

We found that the home was clean and tidy. Décor and furnishings are of a good standard.

5.5.6 Care practices

In our discreet observations of care practices we noted that residents were treated with dignity and respect. Care duties were noted to be conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

Areas for Improvement

We identified no areas of improvement in relation to the additional areas examined.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with the person in charge, Mrs Sam Rogan, and later with the registered manager Mrs Joanne Black by telephone. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises.

The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations			
Recommendation 1 Ref: Standard 6.3 Stated: First time To be Completed by: 31 July 2015	<p>The registered manager should ensure that each resident or their representative, where appropriate, should sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this should be recorded.</p>		
	<p>Response by Registered Manager Detailing the Actions Taken: The Registered Manager Joanne Black has reviewed all residents files following the RQIA inspection report. All senior staff involved in keyworking with residents have been advised of the recommendation - 12/5/15, and detail of outstanding signature requirements - 5/6/15, and will ensure signatures of Residents and their representatives are recorded on care planning documentation by 31 July 2015. Where the resident or their representative cannot or refuses to sign this will be documented. The manager has signed all care planning documentation to date and will re-review documentation on 17/7/15 to ensure recommendation is met prior to 31/7/15.</p>		
Registered Manager Completing QIP	Joanne Black	Date Completed	5/6/15
Registered Person Approving QIP	Andy Mayhew on behalf of Irene Sloan	Date Approved	09/06/15
RQIA Inspector Assessing Response	Alice McTavish	Date Approved	11 June 2015

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