



The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Kimberly House**

17 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of inspection

An unannounced care inspection took place on 17 November 2015 from 13.55 to 16.35. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. An area for improvement was identified within the standard inspected which related to the format of annual satisfaction questionnaires; a recommendation is set out in the Quality Improvement Plan (QIP) appended to this report. When implemented, this will enhance the delivery of effective care.

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

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, Sarah Hill, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. 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: Sarah Hill, team leader	Date manager registered: 02 August 2013
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 13
Number of residents accommodated on day of inspection: 8	Weekly tariff at time of inspection: £1439.40 - £2359.40

3. Inspection focus

The inspection sought to determine if the following standard had been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes

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

We met with three residents, one member of care staff, a cook and the person in charge. No visiting professionals and no resident's visitors/representatives were present.

We examined the following records during the inspection: care records of three residents, accident and incident records, complaints and compliment records, policies and procedures relating to the standard inspected, annual satisfaction questionnaires, monthly monitoring visit reports and minutes of residents' meetings.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced estates inspection dated 15 October 2015. The completed QIP was returned and was approved by the estates inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 6.3	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.	Met
	Action taken as confirmed during the inspection: Discussion with the person in charge and inspection of care records confirmed that care plans were appropriately signed.	

5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

The person in charge confirmed that staff actively seek residents' and their representatives' views and incorporate these into practice to ensure that choices, issues of concern or risks are recorded and acted upon.

We inspected care records and identified that the choices and preferences of each resident were clearly detailed. Care plans we inspected were signed by the resident or their representative.

In our discussions with the person in charge and staff members they confirmed that residents' meetings were held monthly. We noted that Praxis Care Group had developed guidance on how resident meetings should be structured in order to provide a consistent approach. We inspected minutes of these meetings and could confirm that meetings were recorded along with any actions which may be required. The minutes were presented in large print and pictorial format and placed on a notice board for residents to read. Minutes were also made available to individual residents on request. This was to be commended.

In our discussions with the person in charge and staff we confirmed that the area of complaints was covered during staff induction and in staff training. A large print and pictorial guidance leaflet was also available to residents outlining the process of making a complaint.

Is care effective? (Quality of management)

We noted a range of methods and processes where residents' and their representatives' views were sought about the standard of care. Staff maintained a record of actions taken to improve the care experience.

In our discussions with the person in charge and with care staff we confirmed that satisfaction questionnaires were provided annually to residents and to families. Residents were encouraged to have independent assistance, if required, to complete these questionnaires. The returned satisfaction questionnaires identified that residents and representatives were happy with the service provided. We made one recommendation that additional information is included on the questionnaire form; the year of the questionnaire, whether the resident received assistance to complete the questionnaire and the date of completion of the questionnaire.

We inspected the minutes of annual care reviews and confirmed that the views of residents and representatives were sought and recorded. We inspected monthly monitoring visit reports which confirmed that resident views on the services provided were sought.

Is care compassionate? (Quality of care)

In our discussions with staff and with three residents we identified that residents were listened and responded to by staff. Staff members were knowledgeable about the needs, preferences and abilities of the residents.

Areas for improvement

There was one area of improvement within the standard inspected. This related to further development of the annual satisfaction survey form.

Number of requirements:	0	Number of recommendations:	1
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5.4 Additional areas examined

5.4.1 Residents' views

We met with three residents who indicated that they were happy with their life in the home, their relationship with staff and the provision of care. Residents were observed to be comfortable and content in their surroundings and in their interactions with staff.

Some comments included:

- "I like it here, it is good. I don't like spicy food but if I want something different for my dinner, the cook makes it for me. They (staff) help me to do my laundry and there is always plenty of people (staff) to help me if I need it. It's a good place to be and there's plenty going on."
- "Staff is kind to me."
- "I like living here, it's all right. The staff help me and I like them, they are good. If there was anything I was unhappy about, I would tell the staff and they would sort it out."

5.4.2 Staff views

We met with three 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:

- "I have found it very enjoyable working here with both the residents and with the staff. I feel the residents are very well looked after with all needs catered for. If additional time or care is needed, this is facilitated by management. I believe there is good team working; the team leaders are good with the staff, they take a flexible approach and have good interpersonal skills which they use both with the residents and with the staff. They have good skills in managing difficult situations with residents and they have good calming skills; they are good role models for support staff."

5.4.3 Staffing

At the time of inspection the following staff members were on duty:

- 1 x team leader
- 2 x support workers
- 1 x cook
- 1 x domestic

One team leader and four support workers were scheduled to be on duty later in the day. One team leader and two support workers were scheduled to be on overnight duty. The person in charge advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

5.5.4 Environment

The home was found to be clean and tidy. Décor and furnishings were of a good standard.

5.5.5 Care practices

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

5.5.6 Accidents/incidents

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

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, Sarah Hill, as part of the inspection process. 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 and The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS 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 should be completed by the registered person/registered manager and 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. 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 in this report do not absolve the registered provider/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 provider/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 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 		
	Response by Registered Person(s) detailing the actions taken: The Manager will ensure that annual resident satisfaction surveys are updated to include the information listed. The Manager has communicated this information to the organisation research department to ensure that the organisation annual surveys also contain the information listed.		
Registered Manager completing QIP	Joanne Black	Date completed	8/1/16
Registered Person approving QIP	Andy Mayhew on behalf of Irene Sloan	Date approved	11/1/16
RQIA Inspector assessing response	Alice McTavish	Date approved	13/1/16

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