



The **Regulation** and
Quality Improvement
Authority

Unannounced Enforcement Care Inspection Report 4 January 2021



River House

Type of Service: Residential Care Home (RCH)

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to eight residents.

3.0 Service details

Organisation/Registered Provider: Amore (Watton) Ltd Responsible Individual: Nicola Cooper	Registered Manager and date registered: Lee Bratchley Clark -acting manager – no application required.
Person in charge at the time of inspection: Lee Bratchley Clark	Number of registered places: 8
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Total number of residents in the residential care home on the day of this inspection: 8

4.0 Inspection summary

An unannounced inspection took place on 4 January 2021 from 10.00 to 15.15 hours.

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

On 3 November 2020 RQIA issued two Failure to Comply notices (FTC). The inspection sought to assess the level of compliance achieved in relation to these two Failure to Comply Notices. The areas identified for improvement and compliance with the regulations were in relation to: the quality of management and governance arrangements within the home (FTC000133) and staffing arrangements (FTC000134). The date of compliance with both notices was 4 January 2021.

The inspection also sought to assess progress with issues raised in the previous Quality Improvement Plan (QIP).

Evidence was available to validate compliance with both Failure to Comply Notices.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*1	0

*The total number of areas for improvement includes one which has been carried forward for review at the next care inspection.

This inspection resulted in no new areas for improvement being identified.

Ongoing enforcement action did not result from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection and pharmacy inspection reports
- the Failure to Comply notices.

During the inspection the inspector met with seven residents and 11 staff.

The following records were examined during the inspection:

- staff duty rotas
- staff competency and capability assessments
- staff training records including records of training in fire safety and adult safeguarding
- staff induction records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- three residents' records of care
- records of cleaning schedules
- a range of governance audits
- monthly monitoring reports
- the refurbishment plan for environmental improvement.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met. One area for improvement identified at the last care inspection was not reviewed as part of this inspection and is carried forward to the next care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 19 October 2020

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: Second time	The registered person shall ensure that all areas of the home are clean and free from clutter.	Met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed that all areas of the home were clean and free from clutter.	
Area for improvement 2 Ref: Regulation 16 (1) (2) Stated: Second time	The registered person shall ensure that care plans and risk assessments are fully reflective of the needs of the residents and should direct and inform the care required.	Met
	Action taken as confirmed during the inspection: A review of three care records and discussion with staff confirmed that care plans and risk assessments were reflective of the needs of the residents and directed the care required.	
Area for improvement 3 Ref: Regulation 14 (2) (a) Stated: Second time	The registered person shall ensure that all chemicals are appropriately and securely stored in keeping with Control of Substances Hazardous to Health regulations.	Met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed that all chemicals were appropriately secured and stored in keeping with Control of Substances Hazardous to Health regulations.	

<p>Area for improvement 4</p> <p>Ref: Regulation 29 (1)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the visit by the registered provider's representative is undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports of these visits should provide sufficient detail to ensure adequate oversight and assurances in relation to the conduct of the home.</p> <p>Action taken as confirmed during the inspection: A review of the reports of the visits undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 confirmed that these were completed monthly and provided oversight and assurances in relation to the conduct of the home.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that :</p> <ul style="list-style-type: none"> • all the fire doors in the home are fully closing • fire doors are not propped open <p>Action taken as confirmed during the inspection: An inspection of the environment confirmed that the fire doors were fully closing. We observed no fire doors propped open.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 30 (1) (d)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that RQIA are informed of any event which adversely affects the care, health and welfare of any resident in the home.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>

6.2 Inspection findings

6.2.1 FTC Ref: FTC000133

Notice of failure to comply with regulation 10 (1) of The Residential Care Homes Regulations (Northern Ireland) 2005

The Residential Care Homes Regulations (Northern Ireland) 2005

Registered person: general requirements

Regulation 10.—

(1) The registered provider and the registered manager shall, having regard to the size of the residential care home, the statement of purpose, and the number and needs of the residents, carry on or manage the home (as the case may be) with sufficient care, competence and skill.

In relation to this notice the following seven actions were required to comply with this regulation:

The responsible individual must ensure that:

- a robust system of governance, including regular audits, is put in place to ensure that the quality of care and other services provided by the home are reviewed at regular intervals. This includes the cleanliness and décor of the care home environment; infection prevention and control measures; compliance with Control of Substances Hazardous to Health regulations; maintenance of residents' care records and the use of restrictive practices
- there is clear evidence that when deficits are identified through the audit process, an action plan is put in place to ensure the necessary improvements are made in a timely manner
- robust cleaning schedules for the home are implemented and effectively monitored by management
- a comprehensive refurbishment plan is produced detailing specific and realistic timescales for environmental improvement
- the premises, including flooring, fixtures/fittings and plant equipment, is maintained in a safe and secure manner at all times
- the supervision of residents is carried out by staff in a safe and effective manner at all times
- comprehensive and meaningful Regulation 29 monitoring reports are completed on a monthly basis in order to identify deficits and drive necessary improvements.

We were able to evidence robust governance and audit systems in place to ensure managerial oversight. A daily audit was undertaken in regards to the cleanliness of the home, IPC and the environment which involved a 'quality walk around' which was completed by the manager on a delay basis; these were delegated to the person in charge in the absence of the manager. Records were maintained of the daily walk around. The storage of COSHH products was also monitored daily by the manager and/or the person in charge in the manager's absence. Feedback from the manager confirmed that the need for staff adherence to safe practices is also discussed daily at regular 'flash meetings' with staff.

We confirmed that audits were in place to examine the quality of care records and the use of restrictive practices. A standard format for care records had been implemented since the previous care inspection. We were advised that all of the care folders in use had been updated using the same format. The care records which we reviewed were person centred, up to date and reflected the needs of the residents.

Review of audit records confirmed that where any deficits or issues were identified, these were recorded and followed up within specified timeframes. We reviewed the monthly monitoring reports and confirmed that action plans to drive improvement were also consistently reviewed and actioned on a monthly basis.

There were robust cleaning schedules in place in the home. Within individual resident's bedrooms there was a cleaning schedule in place which outlined the cleaning requirements. There was an hourly cleaning chart in place for touchpoints which had been completed. Cleaning schedules were also in place for night staff to clean the communal areas. Confirmation of a deep clean of the residents' bedrooms, bathrooms and hallways was in place. In addition, the manager had allocated additional time for a designated staff member to attend to cleaning duties in the morning within communal areas. The manager or a delegated staff member has oversight of the cleaning arrangements through the daily quality walk around the home.

There was a refurbishment plan in place focusing on environmental improvement for each area of the home which included specific timeframes for completion. We observed that some refurbishment work was completed and further work was underway during the inspection.

Observation of the home also confirmed that fixtures/fittings were maintained in a safe and secure manner.

We noted that plant equipment including the boiler and sluice room areas were appropriately secured. A number of the floors have been replaced and were advised by the manager that the replacement of further flooring was scheduled. We also observed that COSHH products were safely stored and inaccessible to residents.

We observed safe supervision of residents and attentive interactions between staff and the residents. Where specific staff supervision of residents was prescribed, this was in place.

We reviewed the monthly monitoring reports and found that they had improved since the previous care inspection and contained more detail. We noted that action plans within these reports were reviewed each month and staff in the home were spoken with by the person undertaking the visit. As part of the monthly monitoring visit, a number of records were examined, including those relating to: safeguarding in the home, the environment, the staffing arrangements, complaints as well as the ongoing action plan to secure improvements in the home.

Evidence was available to validate compliance with this Failure to Comply Notice.

6.2.2 FTC Ref: FTC000134

Notice of failure to comply with Regulation 20 (1) (a)(c)(i) (3) of The Residential Care Homes Regulations (Northern Ireland) 2005

The Residential Care Homes Regulations (Northern Ireland) 2005

Staffing

Regulation 20.—

(1) The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents –

(a) ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents;

(c) ensure that the persons employed by the registered person to work at the home receive –

(i) appraisal, mandatory training and other training appropriate to the work they are to perform;

(3) The registered manager shall carry out a competency and a capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.

In relation to this notice the following eight actions were required to comply with this regulation:

The responsible individual must ensure that:

- at all times there are suitably qualified, competent and experienced persons working at the home in such numbers as are appropriate for the health and welfare of residents
- staffing arrangements facilitate and ensure the robust and effective provision of domestic services at all times; such arrangements will not negatively impact the provision of care to residents at any time
- staffing arrangements facilitate and ensure the robust and effective provision of catering services at all times; such arrangements will not negatively impact the provision of care to residents at any time
- adequate arrangements are in place to ensure where 1:1 supervision (or more enhanced supervision) is prescribed for residents, this is provided
- governance processes are in place to ensure that new staff receive a robust induction which is recorded, signed and dated by the person carrying out the induction and the staff member
- inductions include inductees receiving training in relation to fire safety and adult safeguarding, in a timely manner; such records will be made available on inspection, if requested
- competency and capability assessments are completed for any staff member taking charge of the home in the absence of the manager; such assessments will be reviewed on a regular basis and made available on inspection, if requested
- robust systems are in place to ensure effective provision and oversight of mandatory training for all grades of staff.

During the inspection we observed adequate staffing arrangements were in place. Where specific supervision of residents was required; this was in place. Review of the staff rota highlighted that staffing levels on the day of inspection exceeded the number of staff required based upon prescribed supervision needs of residents. The staff stated that the staffing arrangements had improved in the home.

Comments from staff included:

- “I like working here. There is good team work and ... the staffing levels are ok. There is good communication across the staff team.”
- “There is really good teamwork here; everyone helps each other out. There (is) always enough staff on duty to provide the required supervision.”
- “I feel supported in my work. There (is) always enough staff on duty to meet the needs of the residents.”
- “Things in the home are much improved.”

As outlined in section 6.2.1 we noted that there were robust cleaning schedules in place in the home. There were designated cleaning hours for staff recorded separately on the duty rota. On the day of the inspection we observed the environment to be clean. Observation of staff who were engaged in cleaning the home confirmed that this had no negative impact on the provision of care to the residents.

We spoke with the cook in the home. We noted that the cook was very willing to accommodate each resident in regards to their dietary likes and dislikes and they were knowledgeable of the needs of individual residents. A new menu has been implemented in the home.

We observed that the staff supervision of residents was in keeping with their prescribed care needs. We observed compassionate interactions between staff and the residents particularly when residents presented with behaviours which staff may find challenging. We observed that staff were vigilant in their approach to supervising residents and were able to patiently and competently redirect residents as needed.

We reviewed three staff inductions records and confirmed that these were being completed in keeping with the stage of induction each staff member was at. A first day induction record was in place within each induction record reviewed; following completion of this, the inductee is required to complete a comprehensive induction booklet. Completed records were signed and dated by the person carrying out the induction and the staff member involved.

A system was in place to ensure that the manager has oversight of each staff member's induction. The manager advised that going forward; this will be checked on a monthly basis.

Discussion with new staff during the inspection and review of the induction records confirmed that fire safety and adult safeguarding training formed part of the first day of induction until more formal training was provided.

We reviewed three completed staff competency and capability assessments for any person in charge of the home in the absence of the manager. We were informed that these assessments were completed for all staff who are in charge of the home in the manager's absence. A system was in place to ensure that the manager has oversight of each staff member's competency and capability assessment and that, going forward, this will be checked on a monthly basis.

We also noted that a new training folder was in place for staff. This folder contained a training matrix which evidenced staff training completed by staff. We were advised that this is monitored by the manager and will also be reviewed during the monthly monitoring visits. Individual staff training folders were also in place.

Evidence was available to validate compliance with this Failure to Comply Notice.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.3 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notices EF000133 and EF000134.

7.0 Quality improvement plan

There were no new areas for improvement identified during this inspection. The attached QIP contains the area for improvement carried forward from the last care inspection on 19 October 2020. This inspection focused solely on the actions contained within the Failure to Comply Notices issued on 3 November 2020.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The registered provider has confirmed that actions have been completed to address the areas for improvement identified during the last care inspection and has returned the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 6 Ref: Regulation 30 (1) (d) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that RQIA are informed of any event which adversely affects the care, health and welfare of any resident in the home.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

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



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