

Inspection Report

4 April 2023



River House

Type of service: Residential Care Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Amore (Watton) Limited	Registered Manager: Mrs Catherine Busby
Responsible Individual: Miss Sarah Elizabeth Perez	Date registered: 5 May 2022
Person in charge at the time of inspection: Miss Shannon Brown – Deputy Manager	Number of registered places: 8
Categories of care: Residential Care (RC) LD – Learning disability LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 8
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to eight residents. Residents' bedrooms are located over two floors. Residents have access to a communal lounge, a dining area and an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 4 April 2023 from 10.00 am to 5.45 pm. The inspection was carried out by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents commented positively about their experience of living in the home. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff provided care in a kind and compassionate manner and were seen to be very responsive to the needs of the residents.

Areas requiring improvement identified are discussed in the main body of the report. RQIA were assured that the delivery of care and service provided in River House was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home and how staff went about their work was observed.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Due to the needs of the residents not all of them were able to communicate their opinion of life in the home. Residents who were able to have a chat were complimentary about the staff, the food and the activities. Residents who were less able to communicate were observed to be at ease in the company of the staff and looked to be well presented and well cared for.

Staff said they were satisfied with staffing levels, felt supported in their role and benefitted from good managerial support and excellent teamwork. Comments made by staff included that "teamwork is really good, there is a positive attitude among staff", "training is excellent, good to know why, as well as what, to do", "teamwork is beautiful", "seniors are easily approachable" and "staff all work really well together".

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

Comments made by residents and staff during the inspection were brought to the attention of the management team for information.

No responses to the staff survey were submitted.

Three completed questionnaires were returned. One respondent did not specify if they were a resident or a relative but they did indicate that they were satisfied the care provided was safe, effective and compassionate. The second questionnaire was completed by a relative who indicated that they were not satisfied with any aspects of the care provided. RQIA contacted the relative to discuss their concerns and then brought these to the attention of the manager. The manager provided assurances that she was aware of the concerns and that appropriate actions were being undertaken to work towards a satisfactory resolution. The third questionnaire was also completed by a relative who indicated that they were very satisfied with all aspects of care, were reassured that the care was good and found staff to be proactive in dealing with their relative's needs.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The previous care inspection, carried out on the 26 May 2022, resulted in no areas for improvement being identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents. There was evidence that all staff, including agency staff, were provided with a suitable induction.

There were systems in place to ensure staff were trained and supported to do their job. A range of appropriate mandatory training was provided for staff.

There was a system in place to monitor that staff were registered, or in the process of registering, with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff who take charge in the home in the absence of the manager had completed competency and capability assessments. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met.

It was observed that there were sufficient numbers of staff on duty to respond to the needs of the residents in a timely manner.

Staff were seen to treat the residents with kindness and compassion and to provide them with the recommended level of supervision they required.

Staff said that staffing levels were satisfactory and teamwork was “very good”. Staff expressed satisfaction with training, the induction provided and the support they received from the management team.

Staff were confident when discussing their roles and responsibilities. A member of staff commented that, prior to working with any of the residents, they received a thorough induction to help ensure that they were well informed about each individual resident’s assessed needs and care requirements.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable regarding the residents’ needs, daily routines and preferences. Residents’ care records were held safely and confidentially.

It was observed that staff respected residents’ privacy by knocking on doors and seeking permission before entering bathrooms or bedrooms.

Residents’ needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents’ needs. Care records included evidence of consultation with residents, and their relatives, where appropriate, in planning their own care. Advice or directions from other healthcare professionals was included in the assessments and care plans. Residents’ individual likes and preferences were reflected throughout the records.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Relevant risk assessments and care plans had been developed. There was evidence that appropriate action was taken in the event of a fall.

Review of a sample of care records evidenced that identified care plans and risk assessments had not been reviewed as regularly as planned or when residents needs changed, for example in the event of a fall. Details were discussed with the person in charge and an area for improvement was identified.

At times some residents may be required to use equipment that can be considered to be restrictive, for example, harnesses in vehicles. It was established that safe systems were in place to manage this aspect of care. An overview of restrictive practices in use and Deprivation of Liberty Safeguards (DoLS) in place for residents in the home was maintained.

It was observed that staff responded in a calm and controlled manner when a resident displayed signs of distress. Staff were seen to communicate effectively with each other and to provide the resident with reassurance and the appropriate level of support.

Staff were skilled in communicating with residents, including with those residents who were non-verbal and have difficulty in making their needs known. Staff were respectful, understanding and sensitive to residents’ needs. It was observed that staff provided the residents with choices throughout the day. Staff said that the daily routine was flexible and adaptable as the residents’ needs and preferences could vary from day to day.

Informative daily records were kept of how each resident spent their day and the care and support provided by staff which confirmed the discussions with staff about how residents spent their day. The outcome of visits from any healthcare professional was recorded.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents and the dining experience was an opportunity for residents to socialise, if they wished. It was observed that meals were served at very flexible times to suit the needs of the residents, for example, if they had a lie-in or a change in their routine. The food on offer smelled appetising and was attractively presented. Staff were seen to assist residents appropriately with their meal.

A menu was on display and the cook said that there were always alternative choices available for the residents. The cook discussed individual resident's particular likes and dislikes and modified dietary requirements. Staff told us how they were made aware of residents' nutritional needs to ensure that they were provided with the right consistency of diet. Care records accurately reflected recommendations made by the Dietician and/or Speech and Language Therapist (SALT).

Staff were seen to offer residents drinks and snacks regularly throughout the day. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what residents had to eat and drink daily.

Residents were complimentary about the food. One resident said that "the food is lovely; I love the shepherd's pie".

5.2.3 Management of the Environment and Infection Prevention and Control

Residents' bedrooms were personalised with items that were important to them, for example, books, photos, cuddly toys, posters and their own art works. Communal areas were bright, comfortable and welcoming spaces for residents. Fire exits and corridors were observed to be clear of clutter and obstruction.

The home was observed to be warm, fresh smelling and generally clean and tidy. It was established that there were daily domestic arrangements in place. Environmental issues observed, for example, a bathroom used for storage, the need for new shower hoses and ensuring that all areas in en-suites were thoroughly cleaned, were brought to the attention of the management team for information and appropriate action and an area for improvement was identified.

Cleaning products had been left in an en-suite bathroom. The resident was not present at the time, staff were informed and they took immediate action to remove the products to an appropriate and secure storage area. An area for improvement was identified.

The home had a refurbishment and redecoration plan in place. New mattresses were delivered for identified residents on the day of the inspection and the management team confirmed that new seating had been ordered for specific areas. Other areas on the refurbishment plan included the replacement of soft furnishing and carpets, however, timeframes for completion had not been identified on the plan.

This was discussed with the management team and following the inspection RQIA were notified by email that the refurbishment and redecoration plan had been updated and that some planned works had been completed.

It was established that staff had received training in infection prevention and control (IPC) measures. Staff were observed to carry out hand hygiene at appropriate times. Some staff needed to wear specialised clothing, which prevents them being bare below the elbow, on occasions. However, other staff, who did not require this specialised clothing, were not always adhering to being bare below the elbow in line with IPC practice guidelines. This was brought to the attention of the management team for information and appropriate action. Following the inspection, the management team confirmed, by email, that one to one supervisions had been conducted with staff.

Staff were observed to don personal protective equipment (PPE) at appropriate times. Staff use of PPE and hand hygiene was monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Residents looked very well presented and staff were seen to be attentive to their needs. Observations of the daily routine confirmed that residents were offered choices, for example, whereabouts to spend their time, when to go outside or where to take their meals. Staff were observed to support residents appropriately and to provide them with the recommended levels of supervision they required.

The atmosphere throughout the home was warm, welcoming and friendly. Staff spoke to the residents in a kind and friendly manner, they treated residents with respect and were discrete when offering assistance with their personal care needs.

Discussion with staff and review of residents' activity planners evidenced that these were very individualised and tailored to each resident's needs, abilities and interests. Trips out of the home were regularly planned with staff in attendance. Staff said that efforts were made to ensure planned activities were meaningful and fun for the residents. The daily routine was seen to be flexible and responsive to residents' preferences and choices.

Staff said that group activities tended to be less popular with residents who generally benefitted more from individual activities. Some residents also preferred to observe activities rather than to join in themselves. Staff said that they ensured residents were aware of what activities were available and offered all residents the opportunity to join in.

The home was well equipped with board games, TV's, game consoles, sensory toys, an indoor basketball hoop and a pool table for residents' use was available in the communal area. The enclosed garden area had been brightly decorated and developed to include raised planters, swings and other outdoor activities for the residents to enjoy.

Staff spoke warmly about the residents and were knowledgeable about residents' abilities and the challenges they might face on a daily basis. Staff said they had received training to help them effectively manage behaviours that challenge and were suitably supported to do this. Comments made by staff included that "the staff and residents are like a family" and "following any challenging incidents we get a chance to discuss it and totake a break ...necessary".

Residents said they enjoyed the activities and felt staff listened to them. One resident said that they would like to go out more often. This was brought to the attention of staff who said that outings were regularly offered to this resident and, although they mostly declined the offer, staff continued to encourage and provide outings as an option. Records were kept regarding residents' choices and involvement in activities.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Catherine Busby has been the Registered Manager in the home since 5 May 2022. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Audits had been developed to include action plans. As previously discussed environmental issues were identified during the inspection and the need to maintain effective oversight of the environment has been included within the identified area for improvement.

Records of unannounced 'out of hours' visits completed by the management team were detailed and informative.

There was a system in place to manage complaints. There was evidence that the manager ensured complaints were managed correctly and that good records were maintained.

It was established that there was a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. Action plans for improvement were in place and these were followed up to ensure that the actions were correctly addressed.

Staff commented positively about the management team and said they were accessible, approachable and supportive.

7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Shannon Brown, Deputy Manager, and, Tracey Henry, Regional Director NI, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: Ongoing from the date of the inspection	The registered person shall ensure that the environmental issues identified are resolved in a timely manner. Effective oversight of the environment must be maintained to ensure that deficits are readily identified and that time bound action plans are developed to address these. Ref: 5.2.3
	Response by registered person detailing the actions taken: Environmental checks are completed as part of the Daily Manager Walk Round and Flash Meetings establishing maintenance concerns on the day. The Daily Manager Walk Round has been adapted to include cleanliness of ensuites. Further discussions with domestic staff has resolved this area of concern and monitored by Management. Additional storage has been approved and transfer of storage is scheduled for the next few weeks. Several items identified on the day that required to be replaced have been actioned. Redecoration plan in place and remains under review by Management and identified in Regulation 29 Audit.
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that cleaning products are stored safely and appropriately at all times. Ref: 5.2.3
	Response by registered person detailing the actions taken: Daily Manager Walk Round has been adapted to include storage of cleaning products to ensure this is checked daily. Memo to all staff completed to advise of the storage of cleaning products and safety bulletin shared by Priory, making all aware of the responsibility of all employees to adhere to COSHH products and the suitability of storage.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 6.6 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that care records are kept under regular review and are also reviewed in the event of any changes, such as a fall. Ref: 5.2.2
	Response by registered person detailing the actions taken: Care plan and risk assessment tracker has been implemented to monitor when last reviewed. This will identify following an incident or change of care, when the care plan was last updated to reflect new arrangements. This will be monitored by Management allowing oversight that the care records are accurate and kept up to date.

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