



Unannounced Care Inspection Report 5 July 2019



River House

Type of Service: Residential Care Home
Address: 114 Milltown Road, Belfast, BT8 7XP
Tel No: 028 9064 8314
Inspector: Patricia Galbraith

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 with eight beds that provides care for adults who have a learning disability.

3.0 Service details

| | |
|---|---|
| Organisation/Registered Provider: Parkcare Homes No2 Ltd Responsible Individual: Nicola Cooper | Registered Manager and date registered: Mark Beattie 5 July 2017 |
| Person in charge at the time of inspection: Mark Beattie | 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: 7 |

4.0 Inspection summary

An unannounced inspection took place on 2 July 2019 from 10.00 to 17.00.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to training, staffing, staff recruitment, induction, training, supervision and appraisal.

Areas requiring improvement were identified in relation to risk assessments; one identified area required repainting and the procedure for storage and cleaning domestic items needed to be reviewed.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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 | 0 | 4* |

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

Details of the Quality Improvement Plan (QIP) were discussed with Mark Beattie, 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.

4.2 Action/enforcement taken following the most recent inspection dated 22 November 2019

The most recent inspection of the home was an unannounced medicines management/ Other than those finance inspection undertaken on 22 November 2018. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

During the inspection a sample of records was examined which included:

- staff duty rotas from 10 June 2019 to 7 July 2019
- staff training schedule and training records
- two staff recruitment and induction records
- Competency and capability assessments
- two residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of reports of monitoring reports
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement one was met, and one was not met and has been included in the QIP at the back of this report.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties. It was advised by the manager that there had been a number of staff had left the organisation due to them gaining new employment. The home had carried out a recruitment drive and all vacant posts had now been filled.

We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with activities.

We looked at records to make sure that staff were properly recruited and that all pre-employment checks had been completed. We saw evidence that all staff were properly vetted and suitable to work with the residents in the home.

We spoke with staff who told us that they had a good induction to working in the home. New staff were supervised by senior staff, they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC).

Staff also told us that they got regular supervision and this happened more often when they were new to the home. We reviewed the template which showed that staff had received supervision.

All senior care staff had an assessment of their competency and capability completed by the registered manager to ensure that they can take charge of the home when she is not on duty. The registered manager reviewed this every year to ensure that it was always current.

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training. The registered manager advised the training matrix highlights when someone is due to do training and it is colour coded which highlights to the registered manager it needs addressed.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations. The staff were able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations. Staff knew who the safe guarding champion was for the organisation. The registered manager also advised that they had been completing the safe guarding positional report.

We walked around the home and saw that in most parts it was in the good decorative state however one hall way was identified as needing repainted. This was identified as an area of improvement. We looked in the bedrooms of some residents, with their permission. Bedrooms were personalised and there were no malodours. A resident told us: "It's very good here they keep the place clean."

There were communal lounges for the use of residents on the middle floor along with space for activities and meetings. There was a communal dining area but some residents prefer to eat in their room and this is accommodated. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair. The external grounds were in good repair and the grass had been cut.

It is important that where choice and control are restricted due to people's understanding, restrictions are carried out sensitively and comply with legislation. This is so that people feel respected, included and involved in their care. When we spoke with staff they had a good knowledge of people's abilities and level of decision making.

The manger told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities.

Staff told us how they used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection. The manager advised hand hygiene audits were carried out regularly to make sure that staff used good hand hygiene practice.

On inspection we observed that some cleaning utensils had not been cleaned promptly and had not been appropriately stored. The registered manager was advised this may pose an infection control risk. This was identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff induction, training, supervision and appraisals.

Areas for improvement

There were two areas for improvement identified in relation to one hall area which needed repainted and identified cleaning utensils had not been cleaned promptly or stored appropriately.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

The registered manager advised a robust assessment and admissions process before residents could be admitted to River House. When risks are identified and assessed, a plan is put in place to meet the care needs of the resident and to reduce any risks. The staff described how there was good working relationships between professionals and how this contributed to good care planning and risk management.

The registered manager completes an audit of accidents or incidents in the home each month which includes falls. This looks for any patterns or trends and considers actions to reduce the likelihood of further incidents happening. The staff were aware of how they could get professional advice from medical or trust staff. The staff also advised they worked closely with the behaviour positive support worker who helped find trigger points with individual residents so incidents could be reduced.

Staff told us about how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care staff and the latest guidance for preparing food and fluids at the correct consistency was available. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents. We saw that there were care plans and risk assessments in place and that staff kept daily records of the care provided to residents. We saw that the care records were reviewed regularly so that any changes in care were properly detailed. We did however identify that one residents risk assessment's had not been up dated to accurately reflect their needs. This was identified as an area for improvement.

We also saw how a care review was completed with all residents, their families, care staff and staff from the Trust each year.

We could see that the kitchen was clean and well equipped. We observed residents in the dining room from a discreet distance when they were taking their lunch. There was a menu on display on the notice board for residents. There was a choice of two hot dishes on the lunch menu and residents were given the options.

The kitchen staff plated dishes which were served to residents by care staff. We could see that the portion sizes were good and there was a variety of cold drinks available. Staff told us that any resident who did not want what was on the menu they could have a suitable alternative. The residents said that they enjoyed the food in the home. A resident said, "The food here is lovely and we get plenty to eat and drink."

The meals for any resident who needed a textured or modified diet were prepared by the staff and staff had been given training in the correct consistencies of foods and fluids. Staff could also refer to the written recommendations from Speech and Language Therapists for individual residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and communication between residents, staff and other key stakeholders.

Areas for improvement

One area was identified for improvement in relation to residents risk assessment being up dated.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing and joking with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

A resident said, “It’s very good here. The staff are lovely.” Another resident said, “I like my room and I like doing my own thing.”

We could see that residents’ wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents’ daily routines were recorded. We also saw that the care records noted individual preferences such as what time residents liked to get up or go to bed and how they like to be helped with care. Staff told us that the residents’ routines depended on what they wanted to do and that the staff took a flexible approach.

We could see that staff could communicate well with any residents who have a sensory disability and with those who may be in need of additional reassurance or support.

Staff told us about the range of activities available and how staff worked to make sure that residents could participate in meaningful pastimes, hobbies, crafts or outings in line with each resident’s established preference or interest. Some residents went out of the home daily to day care centres and others were supported either individually or in groups to join in with various activities. We saw records which noted the activities provided each day and who participated.

Residents said that they enjoyed the activities on offer and that they had enough to do to fill their time, if they wanted to do this.

We looked at the minutes of residents notes and could see that they were met with on a regular basis and the residents had been given an opportunity to discuss any issues and to make suggestions about what they would like.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their relatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Staff in the home said that they got good support from their manager who was supportive and approachable. The registered manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

The registered manager spends completing managerial tasks to make sure he is satisfied that the home runs well. He completes audits of areas such as accidents and incidents and hand hygiene and IPC and looks for any ways in which these areas can be improved.

The registered manager makes sure that staff are properly supported to do their jobs through providing regular supervision, appraisal and training. The registered manager makes sure, too, that all of the systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

The registered manager deals with any complaints raised by residents or their family members. We looked at the records of complaints since the last inspection and could see that they were managed appropriately. Relatives of residents told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed. In addition, staff reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

The registered manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning.

The registered manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

The registered manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in such areas as swallow awareness, data protection and SALT guidelines.

The registered manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. He also made sure that any best practice guidance, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents.

The home was visited by each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at a sample of these and found they were comprehensive. The reports showed evidence of how the provider engaged with residents and staff to get their views on the care in the home; they checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mark Beattie, Registered Manger, as part of the inspection process. The timescales commence from the date of inspection.

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 QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

| Quality Improvement Plan | |
|--|--|
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | |
| Area for improvement 1 Ref: Standard 25.4 Stated: Second time To be completed by: 24 November 2019 | The registered person shall review the need to put in place a designated cook. Ref: 6.2 Response by registered person detailing the actions taken: A job post for this role has been advertised |
| Area for improvement 2 Ref: Standard 27.1 Stated: First time To be completed by: 30 September 2019 | The registered person shall ensure that the identified hall is redecorated. Ref: 6.2 Response by registered person detailing the actions taken: This will be completed by 30/9/19 |
| Area for improvement 3 Ref: Standard 35 Stated: First time To be completed by: 12 July 2019 | The registered person shall ensure the environment minimises the risk of infection, ensuring cleaning materials are cleaned promptly and stored appropriately. Ref: 6.2 Response by registered person detailing the actions taken: This has been reviewed and reinforced to all staff. The housekeeper has returned from absence and is aware |
| Area for improvement 4 Ref: Standard 6.2 Stated: First time To be completed by: 12 July 2019 | The registered person shall ensure risk assessments are up dated to accurately reflect resident's needs Ref: 6.4 Response by registered person detailing the actions taken: All Risk Assessments are now updated and reviewed monthly by Management. Should there be a change in the service users needs the Risk Assessments are updated accordingly. |

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



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