



# Unannounced Follow-up Inspection Report 11 and 12 March 2020



## River House

**Type of Service: Residential Care Home**

**Address: 114 Milltown Road, Belfast, BT8 7XP**

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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 8 beds that provides care for residents living with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore (Watton) Ltd  <b>Responsible Individual:</b> Nicola Cooper	<b>Registered Manager and date registered:</b> Hazel McMullan, acting manager
<b>Person in charge at the time of inspection:</b> 11 March 2020, Meghan McCloskey 12 March 2020, Hazel McMullan	<b>Number of registered places:</b> 8
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 8

### 4.0 Inspection summary

An unannounced medicines management inspection took place on 11 March 2020 from 09.55 to 13.30 hours. An unannounced care inspection was commenced on 11 March 2020 from 20.05 to 23.10 hours, and was concluded on 12 March 2020 between 11.10 to 16.10 hours.

The inspection assessed progress with all areas for improvement identified in the home during and since the last care inspection on 17 December 2019.

The inspection was undertaken following information received by RQIA. This inspection focused on the following areas:

- medication management
- staffing levels
- care delivery
- consultation with staff
- the home's environment
- infection, wound and incident management
- care records
- management arrangements

It is not the remit of RQIA to investigate complaints or adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	*7

\*The total number of areas for improvement includes three standards which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Hazel McMullan, 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 care inspection on 17 December 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 December 2019.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the previous inspection findings and any other verbal or written information received.

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. Any responses received will be shared with the home's management for action and review.

The following records were examined during the inspection:

- a sample of medication records including audits, records of staff training and staff competency and capability assessments
- duty rota from 9 March to 15 March 2020
- agency staff induction tracker
- audit of staff registrations with Northern Ireland Social Care Council (NISCC)
- staff supervision, appraisal and competency and capability tracker
- minutes of relatives meeting dated 29 January 2020

- care records of five residents
- accidents and incidents records for December 2019
- complaint records from 25 November 2019 to 5 March 2020

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

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 previous inspection

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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 18 (2) (n) <b>Stated:</b> First time	The registered person shall ensure that the home consults with residents and/or their representatives to plan and offer a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Personalised activity planners were now in place for each resident, depending on their needs, interests and preferences. Discussion with residents and staff and observation of practice on 12 March 2020 established that sufficient progress had been made to address this and that activities provision remained under review.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 10 <b>Stated:</b> First time	The registered person shall ensure that all staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication, as detailed in care plans.	<b>Partially met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Discussion with some staff identified that they remained uncertain about aspects of residents' care needs as set out in care plans. This was highlighted to management for immediate action and review.</p> <p>It was evident that any progress made in this area was insufficient and therefore this area for improvement has been stated for a second time.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 23.1 and 23.6 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that agency staff complete structured induction and that induction records are fully and accurately maintained.</p> <p><b>Action taken as confirmed during the inspection:</b> Management have implemented and maintained an agency staff register which evidenced that inductions were in place.</p>	<b>Met</b>
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 19.2 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that all staff's registration status with relevant regulatory bodies is confirmed and where required timely application is made to the registering body.</p> <p><b>Action taken as confirmed during the inspection:</b> Management have implemented and maintained a system to monitor staff's professional registration with NISCC.</p>	<b>Met</b>
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 24 <b>Stated:</b> First time</p>	<p>The registered person shall ensure staff have recorded individual, formal supervision no less than every six months and that supervision sessions are planned in advance.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the document used by management to track staff supervision established that all current staff have received a minimum of one formal supervision; dates for supervision were being confirmed within the next quarter.</p>	<b>Met</b>

<b>Area for improvement 5</b> <b>Ref:</b> Standard 6.3 <b>Stated:</b> First time	The registered person shall ensure that the resident or their representative, where appropriate, sign the care plan. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records identified that some care plans were not signed. This area for improvement has therefore been stated for a second time.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 7.4 <b>Stated:</b> First time	The registered person shall ensure that completed written consent forms, where used, are maintained within individual case records. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records identified that some consent records were not signed. This area for improvement has therefore been stated for a second time.	

## 6.2 Inspection findings

### 6.2.1 Medicines management

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for senior care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and annual appraisal. Refresher training in medicines management was provided in the last year. Staff medicines management competencies were reviewed on an annual basis and in addition to this when necessary; they were up to date. Staff spoken to were familiar with their roles and responsibilities in relation to medicines management.

Audits performed on a sample of medicines indicated that the residents were receiving their medicines in accordance with the prescribed instructions.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

Medicine records were generally well maintained and facilitated the audit process. Personal medication records and handwritten entries on medicine administration records were updated by two members of staff; this safe practice was acknowledged. A couple of anomalies were observed on the personal medication record sheets; these were drawn to the attention of the manager for rectifying.

Although there were no controlled drugs subject to record keeping requirements, records of the receipt, administration and disposal of several other controlled drugs were maintained in a controlled drugs record book and stocks were reconciled at the end of each shift. This is good practice.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. The medicine refrigerator was checked at regular intervals.

When a resident was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. A care plan was maintained. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. The administrations were appropriately recorded.

The manager stated that, for a period of time, practices for the management of medicines had not been regularly audited by management. She had commenced weekly medicine audits in January 2020; these audits focused mainly on boxed medicines. The need to further develop the audit tool to ensure that all aspects of medicines management are covered was discussed with the manager who gave an assurance that this would be done.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. Medicine related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents.

### **6.2.2 Staffing levels**

No concerns were raised by residents in relation to staffing levels. During our inspection we saw care being delivered in a prompt and caring manner by friendly and responsive staff.

We spoke with 11 members of staff. Nine told us how ongoing recruitment, reduction in the use of agency staff and the employment of a full-time cook has eased pressure on staff. They were positive about the team work, support and management arrangements:

- "There has been a lot of management change. I didn't realise things needed changed until they were pointed out. We are starting to see positive changes being made. Hazel is a great support."
- "Some very enthusiastic new staff have started and others who were not as keen have left."
- "The change in management has helped the culture in the home."
- "Morale is good. The new manager has made some changes for the better. Hazel is approachable and brings positivity to the home."

Two members of staff raised concerns about staffing levels including the lengths of shifts and the lack of breaks. This was discussed with management for action and review.

We noted that day staff are clearly allocated specific duties and staff told us this was working well. This was not in place for night staff. We asked the manager to review and action this.

We found that the staff rota was inaccurate and incomplete. This was identified as an area for improvement to comply with the Standards.



### 6.2.3 Care delivery

There was a calm and quiet atmosphere when we arrived in the home on the evening of 11 March 2020. Residents were well settled and there were relaxed and positive interactions with staff. Some residents were sound asleep. Other residents were supported to prepare for bed depending on their preferred routines.

Residents were offered a variety of supper, depending on their individual needs and preferences; one resident was very excited to be offered their favourite supper of cheese on toast. Specific comments from residents included:

- “I had a good day. I like it here. Staff are nice to me. Nobody shouts.”
- “The food is good. I had a big dinner and I’m getting supper soon.”

We saw staff anticipate and soothe residents who presented with any signs of anxiety or distress in an effective and compassionate way. When we spoke with staff, they had a good knowledge and understanding of resident’s needs and preferences. Staff were able to describe and evidence how they supported residents to engage in activities which are important and meaningful to them.

Similar care delivery was observed during our inspection on 12 March. Care was delivered in an organised and responsive way. This included supporting residents to attend to their personal care, to enjoy their lunch, and to engage in therapeutic activities. This included arts and crafts, going to day opportunities and going for drives.

### 6.2.4 The home’s environment

The home was generally clean and tidy. One resident’s bathroom, some corridors and light switches required additional cleaning.

The laundry room needed to be cleaned and organised. Laundry was not being appropriately separated. Staff also did not wear appropriate Personal Protective Equipment (PPE) when handling laundry.

Staff mostly adhered to effective infection prevention and control measures. Some staff members were not ensuring they were ‘bare below the elbow’ by wearing long sleeved jackets and bracelets.

The manager outlined plans to refurbish and redecorate the home however agreed on the need to review cleaning arrangements and staff practices in the interim.

These issues were identified as an area for improvement to comply with the standards.

### 6.2.5 Infection, wound and incident management

Observation of practice on the day of inspection established that staff supported residents to maintain their personal care, including encouraging good hand hygiene. Staff took appropriate action when residents became physically unwell or presented with distress or agitation.

A review of the manager’s audits of accidents and incidents established that these were acceptable. We reminded the manager that all incidents where restraint was used with a resident are notifiable to RQIA.

Detailed supplementary records and staff handover documentation were well maintained; this included information on the personal care offered, provided and declined by residents; daily activities; body maps and outstanding actions required.

We noted that some residents' care records and progress notes were occasionally incomplete or lacked sufficient detail. We also identified that there was not a specific infection or wound management care plan in place for some residents.

Management explained how they had already identified these issues, which are being addressed through staff supervision and training. In order to ensure that this will be fully implemented and sustained, two new areas for improvement were identified under standards.

### **6.2.6 Care records**

Care records contained significant detail regarding resident's individual communication styles and how staff can best support residents who may present with challenging behaviours.

There was evidence of robust risk assessment and care planning for residents in relation to oral hygiene, diabetes, epilepsy and/or risk of choking. Our observation of practice confirmed that these plans were implemented into practice.

An area of good practice was identified in relation to the use of 'Knowing our Service Users' template to ensure that care and support was individualised and specific for each resident, depending on their wishes, preferences and choices.

We did note that care records required organisation and archiving to ensure clarity on resident's current and most up to date needs. This included the use of the organisation's documentation in relation to Deprivation of Liberty Safeguards which did not reflect current regional legislation. Some documents did not include the original completion date. This was discussed with management for review and action.

### **6.2.7 Management arrangements**

A review of complaint records found that these were adequate. In our discussions with management we found that they were open and transparent in accepting when errors had been made. They outlined how this has been addressed with staff which had included the implementation of structured induction, appraisal and competency and capability assessments for all staff. This represented a significant improvement since the last inspection.

Management are aware of the need to further improve communication and information sharing between relatives and staff in the home. They outlined the systems in place to provide relatives the opportunity to raise issues and concerns. This includes the reintroduction of relatives' meetings which will now be arranged on a quarterly basis. Response to this has been very positive to date.

We discussed and agreed that driving and maintaining positive changes in the home requires some time to be fully implemented. The manager outlined how they are ensuring that issues relating to residents' health, welfare and best interests are being prioritised by staff and management in the home. We could see clear improvements in some areas of the home since the previous inspection in December 2019 and it was encouraging that the majority of areas of improvement had been addressed.

It was also reassuring to note that management were aware of and in the process of fully addressing the issues identified during this inspection. For instance, refurbishment work is already planned in the home as well as a full restructure of staff teams and the rota. A sensory room was also being developed in the home to provide additional therapeutic activity for residents.

A new permanent manager is due to start in May 2020. Management advised they will receive a detailed induction and handover to ensure consistency and quality of care.

### Areas of good practice

Areas of good practice were identified in relation to medication management, staffing levels, the delivery of person centred care, care planning and management arrangements.

### Areas for improvement

Four new areas for improvement were identified during the inspection in relation to the staff rota, adherence to infection prevention and control strategies, progress records and care plans for the management of infections and/or wounds.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed Hazel McMullan, Manager, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 10  <b>Stated:</b> Second time  <b>To be completed by:</b> with immediate effect	<p>The registered person shall ensure that all staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication, as detailed in care plans.</p> <p>Ref: 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>  Workshops commenced by PBS Practitioner to deliver training to all staff including agency staff. Completion of a document called 'Knowing your Residents' by each staff member will form part of this. New staff will receive this training as part of their induction process.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 6.3  <b>Stated:</b> Second time  <b>To be completed by:</b> 17 March 2020	<p>The registered person shall ensure that the resident or their representative, where appropriate, sign the care plan. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>  All families have been given the opportunity to read over and agree to care plans. Families have been asked to sign off on them. This evidence is kept in their care plan.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 7.4  <b>Stated:</b> Second time  <b>To be completed by:</b> 17 March 2020	<p>The registered person shall ensure that completed written consent forms, where used, are maintained within individual case records. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>  All families have been given the opportunity to read over and agree to written consent and have been asked to sign off on them. This evidence is kept within their care plan.</p>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time  <b>To be completed by:</b> 11 March 2020	<p>An accurate and up to date record is kept of staff working over a 24-hour period and the capacity in which they worked. This should include agency staff and clearly mark the person in charge of the home in the absence of the manager.</p> <p>Ref: 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>  Rota has been amended to ensure full names and capacity in which staff work. Rota is checked daily to ensure accuracy and person in charge is clearly marked.</p>

<p><b>Area for improvement 5</b></p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 11 March 2020</p>	<p>The registered person shall ensure that all areas of the home are kept clean and that staff fully adhere to safe and healthy work practices to minimise the potential risk and spread of infection.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> All staff are aware of the infection control policy and daily flash meetings are held to discuss infection control. Daily cleaning rota has been introduced and staff all have to sign off when duties completed with managerial checks in place.</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: 11 March 2020</p>	<p>Accurate and up to date progress records are maintained for each resident detailing each resident's situation, actions taken by staff and reports made to others.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Training on documentation and record keeping held for all SRW within River House. New template introduced for SRW to ensure details incorporated into progress notes. Workshops held by manager to assist staff with completion of same.</p>
<p><b>Area for improvement 7</b></p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 11 April 2020</p>	<p>Each resident has an individual care plan for the management of any identified risks such as infection and/or wound care.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> All residents care plans have been updated and a care plan has been added for the management of identified risks.</p>

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



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