

Inspection Report

12 September 2023



River House

Type of service: Residential Care Home

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

Telephone number: 028 9064 8314

www.rqia.org.uk

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: Ms Shannon Brown, Deputy Manager 10 am - 11 am Mrs Catherine Busby, Manager 11 am - 5.40 pm	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: 7
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 12 September 2023, from 10 am to 5.30 pm by two care inspectors.

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.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff said they felt well supported and enjoyed working in the home. Staff were seen to be attentive to the needs of the residents in the home.

Evidence of good practice was found in relation to care delivery and maintaining good working relationships with the wider Multi-Disciplinary Team (MDT).

New areas requiring improvement were identified during this inspection with regards to the storage of art materials, infection prevention and control (IPC), hand hygiene, and the storing of information.

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. Addressing the areas for improvement will further enhance the quality of care and services in the home.

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 was observed and how staff went about their work.

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

Residents who were unable to clearly verbally communicate indicated they were content through non-verbal body language such as smiling and nodding. Residents were observed to be at ease in the company of staff, chatting and laughing with them, and presenting as content in their surroundings.

Staff said that they were satisfied with staffing levels, teamwork was good and that both the manager and the deputy manager were approachable and supportive. All staff spoken to said that they enjoyed working in the home. Comments made by staff included that "there is good teamwork here" and "this home is well run; the managers are good." Specific comments made by some staff with regards to some areas of concern were shared with the management team for information and action if required.

After the inspection, three questionnaires were returned by residents. All three residents confirmed that the care was good, the staff were kind, the home was well organised and well led. One comment said "I am happy with my care in River House."

No additional feedback was received from relatives or staff following the inspection.

A record of compliments received about the home from relatives and visiting professionals was kept and shared with the staff team; this is good practice.

5.0 The inspection

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

Areas for improvement from the last inspection on 4 th April 2023		
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: First time	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.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that cleaning products are stored safely and appropriately at all times.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 6.6 Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met and has been stated for a second time. Please refer to section 5.2.2 for details.	

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.

The manager had a system in place to monitor staff's registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were either registered with NISCC or in the process of registering.

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.

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. Competency and capability assessments had been carried out with all staff who take charge in the home in the absence of the manager.

The manager confirmed that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. The manager said that agency staff as far as possible were block booked when required and that recruitment remained ongoing to fill a small number of posts.

There was enough staff in the home to respond to the needs of the residents in a timely way and to provide residents with a choice on how they wished to spend their day. For example, staff were observed responding to residents' requests promptly in a caring and compassionate manner. Staff were observed spending time with residents playing games and chatting with them both in the lounge area and out in the enclosed garden.

Staff told us that the residents' needs and wishes were very important to them. It was clear through observation of the interactions between the residents and staff that the staff knew the residents well and that they enjoyed each other's company.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were skilled in communicating with residents, including with those residents who were non-verbal and have difficulty in making their needs known. Staff adapted their communication styles to meet the individual communication needs of residents.

Staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

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; and included any advice or recommendations made by other professionals. Care records included evidence of consultation with residents, and their relatives, where appropriate, in planning their own care. 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. However, some care plans had not been updated after a fall. The importance of updating care plans after each fall was discussed with the manager, and an area for improvement was stated for a second time.

Some residents have been assessed as requiring continuous supervision from one or more staff. It was observed that staff provided these residents with the level of care and support required. Behaviour support care plans included details of identified triggers, what the behaviours might look like and the plan in place to manage and de-escalate behaviours. The care plans were individualised, comprehensive and person centred.

Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place and individual residents' care plans reflected this.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

It was noted that some records were not held confidentially, this was discussed with the manager for immediate action. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

Meal times were flexible to suit the needs of each individual resident, for example, if they had a lie-in, a change in their routine or had gone out of the home for the day. The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Staff were observed assisting residents appropriately and respectfully with their lunch time meal.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

5.2.3 Management of the Environment and Infection Prevention and Control

Residents' bedrooms were personalised with photographs and other items or memorabilia. Bedrooms and communal areas were suitably furnished, and comfortable. A time bound refurbishment plan has been submitted to RQIA with regards to future decoration plans in the home.

In two identified bathrooms, the underneath of two shower chairs had not been effectively cleaned and the feet of one shower chair was rusty. This was discussed with the manager for action and an area for improvement was identified.

Corridors were clean and free from clutter or hazards and fire doors were unobstructed. One cupboard containing art supplies was unlocked; this was highlighted to the manager for immediate action. The importance of ensuring that all areas of the home are hazard free was discussed with the management team and an area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. The most recent fire risk assessment was carried out on the 7 December 2022 and all actions from this risk assessment have been addressed.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided. There was evidence that systems and processes were in place to ensure the management of risks associated with the spread of infection. For example, there was ample supply of Personal Protective Equipment (PPE) positioned throughout the home.

Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. However; some staff were observed to be wearing either nail polish or gel nail polish. This was discussed with both the staff involved and the manager during feedback for action. An area for improvement was identified.

5.2.4 Quality of Life for Residents

Discussion with residents and staff confirmed that residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. There was a relaxed, homely atmosphere in all areas in the home. Staff were observed spending time with residents, chatting with them and facilitating activities for each individual residents' needs.

Each resident had an individualised activity planner tailored to reflect the needs and interests of the resident. Residents' needs were met through a range of individual activities, such as arts and crafts, board games, one-to-one sessions, and musical events.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

The home was well equipped with a variety of board games and art supplies. The enclosed garden area was bright and spacious and free from clutter.

Staff discussed the importance of taking a person centred approach when working with the residents. Staff were knowledgeable with regards to the residents' needs and preferences and were well trained to deliver safe and effective care.

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 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.

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

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Complaints were managed correctly and good records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve.

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.

6.0 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/or the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	2	3*

* the total number of areas for improvement includes one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 19 (1) (b) Stated: First Time To be completed by: From date of inspection 12 September 2023	<p>The registered person shall ensure that confidential information relating to residents is safely secured.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All confidential information has been removed from the identified area and is now stored in the Senior Office behind a locked door.</p>
Area for improvement 2 Ref: Regulation 14 (2) (c) Stated: First Time To be completed by: From date of inspection 12 September 2023	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which residents have access are free from hazards to their safety. This is in relation to the safe storage of art materials.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All cupboard doors are locked to reduce the risk of environmental hazards. This have been included in the Daily Manager Quality Walk Round to be checked by Management of the home on a daily basis.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 6.6 Stated: Second 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: 5.2.1 & 5.2.2
	Response by registered person detailing the actions taken: The keyworker of the resident was informed on the day of inspection. Home Manager sent an email out to the Senior Staff for lessons learnt on reviewing care plans following a significant incident. This will also be followed up in Senior Meeting, scheduled for 9 th November 2023.
Area for improvement 2 Ref: Standard 34.4 Stated: First time To be completed by: From date of inspection 12 September 2023	The registered person shall ensure the shower chairs in identified bathrooms are effectively maintained and cleaned. Ref: 5.2.3
	Response by registered person detailing the actions taken: Shower chairs have been ordered, to be replaced. This has been included in the Daily Manager Quality Walk Round to be checked by Management of the home on a daily basis.
Area for improvement 3 Ref: Standard 28.3 Stated: First time To be completed by: From date of inspection 12 September 2023	The registered person shall ensure that all staff employed in the home adhere to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual (PHA). Specifically, that staff are bare below the elbow when on duty. Please refer to the following link for details: https://www.niinfetioncontrolmanual.net/hand-hygiene Ref: 5.2.3
	Response by registered person detailing the actions taken: This area of improvement was shared with the staff team during team meeting. Reviewed daily during Manager Quality Walk Round and Flash Meetings completed by Management. Hand washing audits are completed daily, on every shift with Senior staff confirming appropriate hand hygiene actions have taken place.

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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