



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow-up Care Inspection Report 17 December 2019



River House

Type of Service: Residential Care Home
Address: 114 Milltown Road, Belfast, BT8 7XP
Tel No: 02890 648314
Inspector: Marie-Claire Quinn

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

3.0 Service details

Organisation/Registered Provider: Amore (Watton) Limited Responsible Individual(s): Nicola Cooper	Registered Manager and date registered: Megan McCloskey – acting no application required
Person in charge at the time of inspection: Megan McCloskey, acting manager Sharon Butler, regional director for the service, later joined the inspection.	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: 5 3 residents returned to the home during the inspection.

4.0 Inspection summary

An unannounced inspection took place on 17 December 2019 from 11.55 to 18.05 hours.

The inspection was undertaken following information received by RQIA concerning the following areas:

- staffing levels
- care delivery
- staff training
- catering arrangements
- activities provision
- 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
Total number of areas for improvement	1	6

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Megan McCloskey, manager, and Sharon Butler, regional director, 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. However, given the inspection findings, the home's management team were invited to attend a meeting with RQIA on 7 January 2020. This meeting was attended by Sharon Butler, regional director and Hazel McMullan, acting manager. RQIA were provided with an action plan and sufficient assurances regarding their progress in addressing the areas for improvements arising from the care inspection.

Given these assurances, it was agreed that the identified areas for improvement could be managed through the Quality Improvement Plan included in the report.

4.2 Action/enforcement taken following the most recent care inspection on 2 July 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent care inspection on 2 July 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 written or verbal 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

During the inspection, we spoke with two residents, five staff and one visiting professional. Their comments are included below.

Questionnaires were left for residents and their relatives to give them an opportunity to provide feedback to RQIA following the inspection. A poster was provided detailing how staff could complete an online survey to provide feedback.

The following records were examined during the inspection:

- staff duty rota from 25 November 2019 to 15 December 2019 (submitted pre-inspection)
- staff duty rota dated from 16 December 2019 to 22 December 2019
- care records of three residents
- activity planners for five residents
- staff supervision schedule
- staff competency and capability/annual appraisal schedule
- minutes of staff meeting 20 November 2019

- infection prevention and control audit 28 November 2019
- management action plan received 7 January 2020

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance was 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 on 2 July 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.4 Stated: Second time	The registered person shall review the need to put in place a designated cook.	Met
	Action taken as confirmed during the inspection: Discussion with management identified how this was being addressed. This area for improvement, as stated, has therefore been met. Please see further information in section 6.2.	
Area for improvement 2 Ref: Standard 27.1 Stated: First time	The registered person shall ensure that the identified hall is redecorated.	Met
	Action taken as confirmed during the inspection: Observation of the hall confirmed that this had been addressed.	
Area for improvement 3 Ref: Standard 35 Stated: First time	The registered person shall ensure the environment minimises the risk of infection, ensuring cleaning materials are cleaned promptly and stored appropriately.	Met
	Action taken as confirmed during the inspection: We saw that all cleaning materials were stored appropriately. Review of infection prevention and control records confirmed this was satisfactorily audited by management. This area for improvement is therefore met.	

Area for improvement 4 Ref: Standard 6.2 Stated: First time	The registered person shall ensure risk assessments are up dated to accurately reflect resident’s needs	Met
	Action taken as confirmed during the inspection: Review of the care records of three residents confirmed that a range of relevant risk assessments were in place and had been updated at regular intervals. This area for improvement is therefore met.	

6.2 Inspection findings

6.2.1 Staffing levels

We saw that there was sufficient staff on duty to meet the needs of residents. All the care staff we spoke with expressed concern regarding staffing levels in the home. Staff reported that additional cleaning and cooking duties detracted from their roles and responsibilities to the residents. Staff also felt that the additional workload prevented them from taking scheduled breaks. This was relayed to management who agreed to review the delegation of these tasks to ease the pressure on care staff.

However, when asked how staffing levels were impacting on the residents, staff told us:

- “(changes in staffing) have had no impact whatsoever on residents, they always get what they need. All the staff make sure of that.”
- “Yes, care is safe. Staff love the residents.”
- “We use a lot of agency staff, so there is less interactions with the residents as they don’t know them as well.”
- “I love working here; I love seeing the residents happy, we all do.”

Following discussion with the management team we were satisfied that they were aware of the concerns raised by staff and were working to address them. For example, management discussed recruitment and retention of staff, including maintenance and cleaning staff.

6.2.2 Care delivery

Some residents were unavailable or preferred not to speak with us. We did speak with two residents who confirmed they liked living in the home. Residents told us they liked their bedrooms; one resident had enjoyed a long lie that morning and was feeling well rested. Another resident told us about their plans for Christmas including the home’s Christmas party.

Residents were supported with their care needs throughout the day. Residents were dressed in clean, comfortable clothing; one resident was dressed in a festive outfit.

Staff responded to resident’s care needs in a prompt and caring manner. A community occupational therapist who was visiting the home said that staff’s communication with them was satisfactory. We were pleased to see that ‘Positive Behaviour Support’ staff were also available in the home to support staff and residents.

We saw staff treat residents with dignity and privacy. Staff were kind and gentle in their interactions with residents and they were skilled in soothing and distracting residents when necessary.

All staff confirmed that they had no concerns regarding how residents were treated in the home. Staff were clear on their duties and responsibilities regarding the safeguarding of vulnerable adults. Staff comments included:

- “All residents are treated with dignity and respect, 100 per cent.”
- “Management care about the residents but staff are not treated the way they should be.”
- “Everyone adores the residents. Everyone has empathy and they relate to the residents.”

The majority of staff we spoke with could describe the specific needs, interests and personalities of the residents; there was a clear person centred focus in the home. Some staff lacked a clear understanding of some resident’s specific social and leisure needs and we observed occasions when some staff missed opportunities to fully engage with some residents. An area of improvement was made as all staff must be fully aware of the identified care and support plan for all residents.

6.2.3 Staff training

Discussion with staff and management confirmed a lack of a robust induction processes for agency staff. An area of improvement was made.

Management outlined the training requirements for agency staff, and how this was managed regarding the care needs and dependencies of the residents. We were satisfied that suitable arrangements were in place and asked management to communicate this more clearly with their own staff.

Staff had told us that there had been a lack of training opportunities in the past year. Review of training records and discussion with management confirmed this was being addressed. Training dates had been scheduled in December 2019 and January 2020 and were displayed in the staff room. We were satisfied that the provision and uptake of staff training was being addressed and that the management team would be monitoring this.

6.2.4 Catering arrangements

There was an ample supply of food and snacks in the refrigerator and cupboards in the kitchen, including a dedicated cupboard for gluten free food. The menu was available in both written and pictorial format. There are no specific set meal times and we observed residents being offered a choice of what and when to eat and drink throughout the day. One resident told us about how they looked forward to a “chippy or Chinese on Saturday nights.” Care records reviewed included sufficient detail on residents’ dietary requirements and preferences.

Discussion with the manager and staff confirmed that the home had yet to employ a designated cook. Interim arrangements had been in place since early December 2019. Management confirmed they were continuing to review this arrangement and were actively seeking to recruit a dedicated cook for the home. We were satisfied that the previous area for improvement had been met.

6.2.5 Activities provision

The staff we spoke with had a good knowledge and understanding of the need for social and leisure opportunities to support residents' health and wellbeing.

Staff did raise concerns about the transport for residents to go on outings. When this was discussed with management, they provided satisfactory assurances about transport arrangements. Management agreed to clarify these arrangements with staff.

Review of care records confirmed that the home had recently implemented new individualised activity planners for residents. Staff had also been asked to consider taking on an additional role in organising activities although this was yet to be implemented.

There was limited evidence that residents' were being supported to engage in meaningful activities on a consistent basis. Observation of practice on the day of inspection identified a lack of structure and routine for some residents. We also saw that some staff did not take the initiative in their interactions with residents. An area for improvement has been made under regulation regarding this.

6.2.6 Management arrangements

The home's deputy manager has been acting manager since the resignation of the registered manager in August 2019. Since the inspection, the regional director has confirmed that Hazel McMullan is the acting manager, as of 2 January 2020.

Questionnaires were left for residents and their relatives to give them an opportunity to provide feedback to RQIA following the inspection. No responses were received by RQIA.

A poster was provided detailing how staff could complete an online survey to provide feedback. Seven members of staff responded. All staff were either very satisfied or satisfied that the care being provided in the home was safe, effective and compassionate.

There was a mixed response in relation to whether the service was well led. Specific comments were shared with the home's management for review and action as required.

All care staff must be professionally registered with Northern Ireland Social Care Council (NISCC) in a timely manner. Review of records highlighted a number of staff who were yet to be registered in line with guidelines. Correspondence with the home during and after the inspection provided assurances that this had been addressed by management. However, an area of improvement has been made regarding managerial oversight of this.

Discussion with staff and review of records confirmed that staff had not received the required minimum of two individual supervisions in the past year. Supervisions were also not scheduled in advance. An area of improvement has been made under standards.

Management outlined the current complaints procedure in the home and how this was being managed with support from the regional director. A relatives and representatives meeting has been planned for January 2020.

Review of care records identified how the home can more robustly evidence their communication and information sharing with relatives. For instance, some care records included a healthcare appointments record, but this was not consistently updated. Care plans and written records of consent had not been signed by residents or their representatives to

evidence their involvement and agreement. Two areas for improvement were made. We also asked management to ensure that all care documentation reflected the current name of the home.

We felt management were open and honest with us about ongoing issues in the home and had a plan in place to address them. Discussion with management during and after the inspection also provided us with assurances of how they will continue to address the culture in the home and low morale of staff.

Areas of good practice

Areas of good practice were identified in relation to staff's knowledge of residents care needs, wishes and preferences and compassion towards residents, the provision of Positive Behaviour Support staff and management's response to regulation.

Areas for improvement

Seven areas for improvement were identified during the inspection as detailed in the QIP below.

	Regulations	Standards
Total number of areas for improvement	1	6

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Megan McCloskey, manager, and Sharon Butler, regional director, 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 18.-(2) (n)</p> <p>Stated: First time</p> <p>To be completed by: with immediate effect</p>	<p>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.</p> <p>Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken: This has commenced and activity planners have been re-written. A family meeting was held 29/1/2020 to discuss this and there have been some 1 to 1 family meetings. This is being led by the PBS Lead to ensure full implementation</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 10</p> <p>Stated: First time</p> <p>To be completed by: with immediate effect</p>	<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>Response by registered person detailing the actions taken: *All staff have read support plans of service users and any updates of support plans are communicated daily through Flash Meetings. New staff members have an extended induction period and detailed Induction documentation that is completed with Management/ Seniors.* A process called Knowing Your Resident will be rolled out. This is a template that staff complete that enables us to test knowledge about each individuals unique needs</p>

<p>Area for improvement 2</p> <p>Ref: Standard 23.1 and 23.6</p> <p>Stated: First time</p> <p>To be completed by: 17 January 2020</p>	<p>The registered person shall ensure that agency staff complete structured induction and that induction records are fully and accurately maintained.</p> <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken: *All agency staff have been inducted and a updated tracker in place. All senior staff aware of how to complete an Agency Induction should there be a new agency staff member. Staff profiles in place for all agency staff and reviewed regularly.*</p>

<p>Area for improvement 3</p> <p>Ref: Standard 19.2</p> <p>Stated: 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>Ref: 6.2.5</p>
--	--

<p>To be completed by: with immediate effect</p>	<p>Response by registered person detailing the actions taken: All staff have been registered and this is now included in the first two weeks of induction to ensure that new staff are fully registered before the "grace" period ends. A detailed NISCC tracker is in place and is checked and updated by the registered manager monthly.</p>
<p>Area for improvement 4 Ref: Standard 24 Stated: 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. Ref: 6.2.5</p>
<p>To be completed by: 17 March 2020</p>	<p>Response by registered person detailing the actions taken: All staff have received an individual formal supervision within the last two months and these are planned for the year ahead. There are four staff who are currently off on Sick Leave and they remain the only staff to receive a formal 1:1 supervision.</p>
<p>Area for improvement 5 Ref: Standard 6.3 Stated: First time To be completed by: 17 March 2020</p>	<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. Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken: All support plans have been recently updated and senior staff are in the process making contact and meeting with our service users representatives too</p>
<p>Area for improvement 6 Ref: Standard 7.4 Stated: First time To be completed by: 17 March 2020</p>	<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. Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken: All relevant consent forms are being sent out to family members or representatives to ensure that they are given the opportunity to sign and give consent or to refuse consent.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

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