

Inspection Report

18 May 2021



River House

Type of Service: Residential Care Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Amore (Watton) Limited Responsible Individual: Mrs Nicola Cooper	Registered Manager: Ms. Carina Douglas – Acting Manager
Person in charge at the time of inspection: Ms. Shannon Brown – Deputy Manager	Number of registered places: 8
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 7
Brief description of the accommodation/how the service operates: This is a registered Residential Home which provides social care for up to 8 residents. Residents' bedrooms are located over two floors. Residents have access to communal lounges, a dining area and an enclosed garden area.	

2.0 Inspection summary

An unannounced inspection took place on 18 May 2021 from 9.20 a.m. to 5.20 p.m. The inspection was carried out by a care inspector.

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.

The findings of the inspection provided RQIA with assurance that care delivery within the home was safe, effective, compassionate and well led. One area requiring improvement was identified in relation to domestic arrangements.

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

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

3.0 How we inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included an area for improvement identified at the last inspection, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. The daily life within the home and how staff went about their work was observed. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the Deputy Manager and the Regional Director at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with five residents and eight staff. Residents said that they liked living in the home and felt well looked after. Residents who were not able to voice their opinions verbally were seen to be relaxed and comfortable in their interactions with staff. Staff said that teamwork was very good and that they felt well supported. No completed questionnaires were returned to RQIA following the inspection.

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 January 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 6	The registered person shall ensure that RQIA are informed of any event which adversely affects the care, health and welfare of any	
Ref: Regulation 30 (1)		

(d) Stated: First time	resident in the home.	Met
	Action taken as confirmed during the inspection: Review of records evidenced that RQIA was appropriately notified of any event which adversely affected the care, health and welfare of any resident in the home in a timely manner.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

There was a safe system in place with regard to the selection and recruitment of staff. All staff were provided with a comprehensive induction programme to prepare them for providing care to the residents; an induction programme was also provided to agency staff working within the home. The manager advised that staff recruitment efforts were ongoing and that some newly appointed staff were currently completing their inductions; the manager told us that these appointments had resulted in a significant reduction in agency use within the home.

The staff duty rota accurately reflected all of 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. An on-call rota was maintained. There was a robust allocation system in place to ensure that staff were fully aware of their role and responsibilities during each shift. Staff who were in charge of the home in the absence of the manager had completed relevant competency assessments.

There were systems in place to ensure that staff were trained and supported to do their job; staff received regular training on a range of topics, for example, autism awareness, record keeping, medication administration, fire safety and first aid.

It was positive to note that staff said they were satisfied with staffing levels, the management team were responsive to their views and good communication was maintained between staff and management. It was noted that the level and skill mix of staff on duty within the home helped to ensure that the needs of the residents were met in a timely and effective manner.

Staff told us that respecting the residents' needs and wishes was very important to them. It was observed that staff responded to residents' requests for assistance in a prompt, caring and compassionate manner. Staff were also seen to be responsive to residents who were less able to ask for assistance; they recognised non-verbal cues and assisted the residents appropriately.

There were safe systems in place with regard to staffing arrangements within the home.

5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?

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.

Review of staff training records confirmed that all staff were required to complete mandatory adult safeguarding training. Staff told us that they were confident that any concerns reported about residents' safety and/or poor practice would be dealt with appropriately.

Review of residents' records and discussion with the manager and staff confirmed that the use of restrictive practices was effectively managed. Staff confirmed that they had attended training in relation to the use of restrictive practices and how to engage in best interest decision making. Staff demonstrated their knowledge and understanding of deprivation of liberty safeguards (DoLS) for residents. Care records contained relevant details of DoLS in place for individual residents.

Staff were observed to be prompt in recognising residents' needs and early signs of distress, especially in those residents who had difficulty in making their wishes known. Staff were skilled in communicating with residents; they were seen to be respectful, understanding and sensitive to their needs.

There were systems in place to ensure that residents were safely looked after in the home and to ensure that staff were appropriately trained for their role in keeping residents safe.

5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?

We observed the internal environment of the home and noted that it was generally well maintained; a regularly reviewed redecoration/refurbishment plan was in place. Residents' bedrooms were personalised and individualised. Bedrooms and communal areas were tastefully decorated, suitably furnished, clean, tidy and comfortable.

Discussion with the manager assured us that cleaning schedules were in place. Communal areas were found to be consistently clean and tidy; the manager said that these areas were cleaned by a designated member of staff. However, it was observed that more attention to detail was required regarding some aspects of cleaning completed within identified residents' bedrooms. This was brought to the attention of the manager who immediately ensured that identified areas were attended to. The manager said that care staff attended to domestic duties within residents' bedrooms and en-suites during their shift. Domestic arrangements and oversight was discussed with the manager who agreed to review these aspects of service provision with the senior management team. An area for improvement was identified.

It was evident that residents felt at home and comfortable in their surroundings. Residents could choose where to spend their time and take their meals and staff were observed supporting them to make these choices. The manager said that the enclosed garden area had recently been enhanced for the residents' enjoyment; a sensory garden, outside toys, games and a swing had been provided and the area was colourfully decorated. The communal lounge areas contained lots of 'homely' touches such as a large TV, toys, games and books. Residents' art works were on display.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors and fire exits were seen to be clear and unobstructed.

There were systems in place to ensure that the home was kept clean, tidy and well maintained in order that residents were comfortable within their environment. During the inspection the manager reviewed and improved the night time cleaning schedule to ensure that it was more robust. An area for improvement, which would further enhance the environment for residents, was identified in relation to domestic arrangements and oversight.

5.2.4 How does this service manage the risk of infection?

Discussion with the manager assured us that there were robust arrangements in place with regard to the management of risks associated with COVID-19 and other infections. The home was also participating in the regional testing arrangements for residents, staff and Care Partners.

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 Personal Protective Equipment (PPE) had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. It was positive to note that staff took time to clean toys and games in the communal areas between uses.

There were effective systems were in place to manage the risk of infection in the home.

5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.

Staff received a handover at the beginning of each shift to discuss any changes in the needs of the residents. Residents' care records were maintained which accurately reflected their assessed needs. Staff were knowledgeable of individual resident's needs, their daily routine, likes and dislikes.

It was observed that staff respected residents' privacy and dignity; they knocked on doors before entering rooms and offered care when required and/or requested. An example of this was observed in the way in which staff reacted when they realised that a resident needed a change of clothes; they took prompt action to ensure the resident was given the care required in a discreet and thoughtful manner.

There was evidence that the community nursing service attended to the needs of residents if required. There was also evidence that other members of the multi-disciplinary team, such as the physiotherapist and occupational therapist, would assess residents as necessary and make recommendations regarding the care required.

Residents' mobility and risk of falls was assessed and measures to reduce the risk were in place if required. Residents who required continuous and/or regular supervision were observed receiving this. Staff were allocated to care for individual residents and were fully aware of their duties and responsibilities.

There was a system in place to ensure that residents' next of kin, their care manager and RQIA were appropriately informed of any adverse incidents. A monthly review of accidents/incidents was carried out for each resident to determine if there were any patterns or trends which would help inform care provision.

Staff recognised that good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents in the home required a range of support with meals and staff were seen to provide the correct level of supervision and/or assistance to individual residents. It was observed that residents were enjoying their meal and their overall dining experience. Staff told us that the timing of meals was flexible in order to meet individual resident's wishes and preferences.

Staff told us how they were made aware of residents' nutritional needs and understood the importance of residents' receiving the correct consistency of foods and fluids if a modified diet was recommended. There was a choice of meals and drinks offered, the food was attractively presented and smelled appetising. Staff demonstrated their knowledge of residents' likes and dislikes. Care records included a record of residents' daily food and fluid intake where required.

There were safe and effective systems in place to ensure that residents received the right care at the right time. Staff engaged with residents in a manner which protected and promoted residents' privacy and dignity.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?

Residents' care plans were developed to direct staff about how to meet residents' needs and these included any advice or recommendations made by other healthcare professionals. Residents' care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate. Care plans were detailed and contained specific information about each resident's care needs and what or who was important to them. Residents' individual likes and preferences were reflected throughout the records.

Meaningful and informative 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.

A copy of annual reviews of care for residents, arranged by their care manager or Trust representative, were available in the care records. When necessary, such reviews were held more frequently.

Staff said that communication and teamwork was very good. Staff demonstrated a good knowledge of the care required by all the residents in the home.

There were effective systems in place to ensure that care records reflected the assessed needs of residents, the care provided to them and any changes required.

5.2.7 How does the service support residents to have meaning and purpose to their day?

Observation of the daily routine confirmed that residents were able to choose how they spent their day. It was seen that residents could, for example, have a lie in and a late breakfast if they wished. Staff respected residents' preferences for when to attend to their personal care needs and what clothes to wear. The residents were all nicely dressed and staff were observed to take time to help them to look their best.

The activity schedule was developed by the positive behaviour support staff member who said that residents and their relatives were consulted about their interests and preferences to ensure that activities provided were appropriate, meaningful and enjoyable. The range of activities included social, community, cultural, sensory, religious and creative events. Residents were able to go out and about, with staff supervision if required, to do things they enjoyed, for example, shopping or outings to local beauty spots.

Staff demonstrated a thorough knowledge of residents' needs and preferences and were seen to engage with them in warm and positive ways. Staff were seen to take time to make activities fun and enjoyable for the residents. Various examples of this were observed, for instance, a staff member played a guitar to a resident who joined in with drum sticks and great delight; another resident enjoyed dancing along to a computer game and competing with staff to see who would win. Residents went in and out to the garden area, accompanied by staff, as they wished; staff engaged them in games and sensory activities or recognised when they simply wanted to relax. Staff also assisted residents to engage in activities and games in the communal lounges. The atmosphere in the home was relaxed, friendly, spontaneous and welcoming.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and Care Partner arrangements were in place with positive benefits being noted by staff to the physical and mental wellbeing of residents.

Recently appointed staff said that more experienced staff were very willing to offer useful advice and to share their knowledge and expertise with regard to meeting residents' needs. The culture and ethos in the home was centred towards providing the residents with positive outcomes.

There were suitable systems in place to support residents to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

There has been a change in the management of the home since the last inspection. Ms Carina Douglas is the newly appointed manager in the home since 1 March 2021; the manager confirmed her intention to pursue her registration with RQIA in due course.

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 about residents, care practices or the environment. Staff said that they felt reassured by current managerial arrangements within the home and that the manager was very approachable and attentive to their views and opinions.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. As previously discussed in Section 5.2.3 the system in place to monitor domestic arrangements requires improvement.

It was noted that residents and their relatives were provided with written information about how to raise a concern or complaint about care or any service they received in the home. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. Progress with complaints was reviewed on at least a monthly basis and this recorded the specific actions which had been taken to resolve the complaint.

A record of communication sent to relatives was maintained. A relatives' meeting had been planned for the week following the inspection.

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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These were available for review by residents, their representatives, the Trust and RQIA.

There were robust systems in place to monitor the quality of care and services provided and to drive improvement in the home.

6.0 Conclusion

Residents looked well cared for and were seen to be content in their surroundings and in their interactions with staff. Staff were seen to treat residents as individuals and to have a flexible approach towards the routine of the home which was person centred.

The environment of the home was suitably decorated and personalised to reflect residents' individual preferences.

The findings of the inspection provided RQIA with assurance that this service is providing safe and effective care in a caring and compassionate manner and that the service is well led by the manager and the management team.

Thank you to the residents and staff for their assistance and input during the inspection.

7.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005**. This was in relation to domestic arrangements and the system in place to monitor these.

	Regulations	Standards
Total number of Areas for Improvement	1	0

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(2)(d) Stated: First time To be completed by: 18 June 2021	The responsible person shall ensure that there are suitable domestic arrangements in place to keep all parts of the home clean and that there is a robust system in place to monitor the cleanliness of the environment. Ref: 5.2.3 Response by registered person detailing the actions taken: Processes in place for cleaning of bedrooms which are checked daily as part of the Manager Daily Walk Round.

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



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