

# Inspection Report

21 December 2021



## River House

Type of service: Residential Care Home  
Address: 114 Milltown Road,  
Belfast, Antrim, BT8 7XP  
Telephone number: 028 648 314

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Amore (Watton) Limited  <b>Responsible Individual:</b> Miss Sarah Perez	<b>Registered Manager:</b> Ms Carina Douglas – not registered
<b>Person in charge at the time of inspection:</b> Ms Carina Douglas	<b>Number of registered places:</b> 8
<b>Categories of care:</b> Residential Care Home (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of patients accommodated in the home on the day of this inspection:</b> 7
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides social care for up to 8 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 21 December 2021 from 9.30 am to 4.50 pm. The inspection was carried out by a care inspector.

Prior to the inspection RQIA received information from the Belfast Health and Social Care Trust (BHSC) and the South Eastern Health and Social Care Trust (SEHSC) which raised concerns in relation to infection prevention and control (IPC) measures in the home. The IPC deficits had been identified during a BHSC IPC monitoring visit carried out to the home on 15 December 2021. In response to this information RQIA decided to undertake an inspection which focused on the following areas:

- IPC measures
- provision and deployment of staff
- care delivery
- governance arrangements

The outcome of the inspection confirmed that the home was warm, clean, tidy and fresh smelling; it was noted that some actions were still ongoing in order to ensure that all the identified IPC deficits were fully addressed. Additionally, staffing pressures were identified within the home which the manager advised were a result of staff sickness and ongoing staff recruitment efforts during the current Covid-19 pandemic.

Residents looked well cared for and were observed to be content and settled in the home and in their interactions with staff.

Staff were observed to treat residents with kindness and compassion.

An area for improvement regarding domestic arrangements and robust monitoring of cleanliness had not been met and will be stated for the second time. New areas for improvement were identified regarding the environment, staff training and appropriate storage in bathrooms.

The findings of this report will provide the 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 the previous area for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

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 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. The deputy manager posted the questionnaires out to the relatives of each resident on the day of the inspection in order to provide them with an opportunity to respond within the timeframe indicated. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection. The inspection outcome was also shared with representatives from the BHSC and the SEHSCT.

#### 4.0 What people told us about the service

Residents said that their rooms were nicely decorated and that they enjoyed their lunch. Those residents who were less able to voice their opinions were seen to be relaxed and content in their surroundings.

Staff said that they enjoyed working in the home and felt well supported by the manager.

Following the inspection a relative told us that they remained dissatisfied with the cleanliness of a specific area in the home and with the provision of Personal Protective Equipment (PPE) and hand hygiene facilities. The concerns raised by this relative were brought to the attention of the manager and the relevant Trust keyworker for their information and action, as needed.

#### 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 18 May 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> Ref: Regulation 27(2)(d) Stated: First time	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.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement had not been met and will be stated for the second time. See Section 5.2.3 for details.	

#### 5.2 Inspection findings

##### 5.2.1 Staffing Arrangements

The manager said that staffing levels were kept under regular review to ensure the needs of the residents were met. The manager also said that bank or agency staff were employed as necessary and that recruitment efforts remained ongoing despite the challenges of the current Covid-19 pandemic.

The manager said there was a contingency plan in place in the event that staffing levels are adversely impacted due to unforeseen staff sickness and/or Covid-19 and that risk assessments would be undertaken regarding staffing levels as and when necessary.

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.

There were systems in place to ensure staff were trained and supported to do their job. A record of staff training was maintained. However, it was observed that staff training regarding IPC measures and the use of PPE had not been sufficiently embedded into practice; see section 5.2.3 for more detail.

Staff said that team work was good and that they were satisfied with the staffing levels. It was observed that there were sufficient numbers of staff on duty to provide the residents with the level of care and supervision they required.

## 5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable regarding individual residents' needs, daily routines and preferences.

It was observed that staff respected residents' privacy; they offered personal care to residents discreetly and at their preferred time.

Meal times were observed to be flexible and person centred in order to effectively meet the needs of the residents, some of whom preferred to have a morning lie in. Staff were seen to offer residents regular drinks and snacks and to provide the assessed support required with eating and drinking. Staff told us how they were made aware of residents' nutritional needs in order to ensure that they received the correct consistency of diet. The recommendations of the Dietician and the Speech and Language Therapist (SALT) were clearly recorded in the care records. Records were kept of what residents had to eat and drink daily.

Care records reviewed were well maintained, regularly reviewed and updated to ensure they accurately reflected residents' assessed needs and the care being provided. Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each resident's care needs and what or who was important to them. 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 also recorded.

Staff were seen to support residents appropriately depending on their assessed needs and to provide them with the level of supervision they required. One staff member said that "it is really important to go at the resident's pace and follow their preferred routine." Staff recognised that disruption to a preferred routine could be upsetting for a resident. Staff supported the residents by offering them options and choices regarding how to spend their time. Staff were observed to be prompt in recognising residents' needs including for those residents who had difficulty in making their wishes or feelings known.

Staff were seen to treat the residents with respect, understanding and kindness. Staff responded promptly to requests from the residents about how they wanted to spend their time, for example, they accompanied a resident out to play in the garden, played games with a resident and took another resident out for a bus journey.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

As mentioned in Section 2.0, IPC deficits had been identified during a BHSCT IPC monitoring visit which had been conducted on 15 December 2021. In response to the concerns identified the home's management team had put an action plan in place in order to address the identified deficits.

Domestic staffing arrangements were discussed with the manager who said that due to unforeseen staff sickness, domestic staffing levels had been reduced. As a result, the manager had redeployed an identified staff member to attend exclusively to domestic duties and who had been appropriately trained for this role. The manager stated that efforts were ongoing in regard to the recruitment of domestic staff within the home. An area for improvement was stated for a second time. Managerial oversight of domestic arrangements is discussed further in Section 5.2.4.

An external domestic company had been employed to deep clean the home; this cleaning was still in progress during the inspection. Review of the IPC action plan and observations of the environment evidenced that identified actions had either been completed or were ongoing and due to be completed within an identified timeframe.

During review of the environment it was noted that toiletries were inappropriately stored in identified bathrooms; an area for improvement was identified.

Identified toilets were clean but discoloured. The manager was aware of this issue and confirmed that new specialised toilets had been ordered and that a date for fitting these will be arranged with the contractor once the delivery date has been finalised.

The kitchen surfaces, floor and appliances were noted to be clean and tidy. Identified kitchen cupboards required more effective internal cleaning and repairs were required to correct wear and tear to internal cupboard shelves; an area for improvement was identified.

Communal areas of the home were noted to be clean and tidy. Residents' bedrooms were also clean, tidy and attractively personalised with their own preferred belongings such as toys, games and family photographs.

Discussion with the maintenance man and the manager confirmed that there was a redecoration and repair plan in place.

Observation of staff practice evidenced some inconsistencies regarding compliance with being 'bare below the elbow' and in their use of PPE. It was agreed with the manager that training and managerial oversight in these areas should continue to reinforce best practice guidance; an area for improvement was identified.

The manager confirmed that additional wall mounted PPE stations and hand sanitiser units had been ordered.



In the interim, staff had been provided with personal hand sanitiser devices and were aware of the location of PPE in the home. Following the inspection, the manager said that temporary floor standing PPE storage units had been supplied and placed at appropriate locations throughout the home; these will remain in situ until the wall mounted units have been put in place; this will be reviewed at a future care inspection.

There was evidence that the home participated in the regional testing arrangements for residents, staff and Care Partners and any outbreak of infection was reported to the Public Health Authority (PHA).

#### 5.2.4 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Carina Douglas has been the acting manager in this home since 1 March 2021. 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 said the management team was approachable and supportive. The manager said that she felt well supported by the senior management team within the group.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager said that audits relating to IPC measures, PPE use and hand hygiene were in the process of being reviewed as part of the IPC action plan. This area will be reviewed at the next care inspection to the home.

The manager said that daily, weekly and monthly cleaning schedules had been reviewed to ensure these were sufficiently robust and that identified deficits would be resolved in a timely manner. The revised and updated cleaning schedules were available for review. The manager said that the management team carry out daily quality monitoring walk rounds in the home and a record of these is maintained.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA as needed.

#### 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 the Residential Care Homes' Minimum Standards (August 2011)(Version 1.1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	1

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

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Regulation 27(2)(d)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Ongoing from the date of the inspection</p>	<p>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.</p> <p>Ref: 5.1 &amp; 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Daily Manager Quality Walk Rounds are being completed by the Registered Manager to review and monitor the cleanliness of the home. Domestic staff are rostered for five days per week and additional staff are allocated for the remaining two days to ensure good cleaning arrangements are in place. The Home Manager completes a monthly audit of Domestic arrangements. Environmental Quality Walk Rounds have been completed and actions recorded.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (2)(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of the inspection</p>	<p>The responsible person shall ensure that the inside of kitchen cupboards is kept in a clean condition and that damaged shelves are repaired or replaced.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The kitchen has been deep cleaned and full review of food safety folders to include daily cleaning arrangements of the kitchen. All shelves have been repaired and replaced where required. Daily Manager's Quality Walk Round and Manager's Monthly Audit of Kitchen Arrangements is embedded in the home.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The responsible person shall ensure that staff training in regard to those IPC deficits highlighted in this inspection have been embedded into practice and that staff practice is regularly quality assured by the manager.</p> <p>Ref: 5.2.3</p>



<p>Ongoing from the date of the inspection</p>	<p><b>Response by registered person detailing the actions taken:</b>                  IPC training has been completed by all staff, currently the service is 100% compliant in this module. Further guidance has been provided to staff to read and sign the Standard Operating Procedure of Hand Hygiene. Flash Meetings and Daily Manager Quality Walk Round are in place to review staff are bare below the elbows, appropriate use of PPE and handwashing audits completed. Any deficits addressed at the time of audit. Handwashing audit sheets are completed by staff and countersigned by the Management of the home.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b></p>	
<p><b>Area for improvement 1</b>                   Ref: Standard 28.3   <b>Stated:</b> First time  <b>To be completed by:</b>                  Ongoing from the date of the inspection</p>	<p>The responsible person shall ensure that toiletries are appropriately stored in bathrooms at all times.                   Ref: 5.2.3   <b>Response by registered person detailing the actions taken:</b>                  New bathroom cabinets have been ordered to ensure toiletries are stored in bathrooms appropriately.</p>

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



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