Unannounced Care Inspection Report
24 April 2019

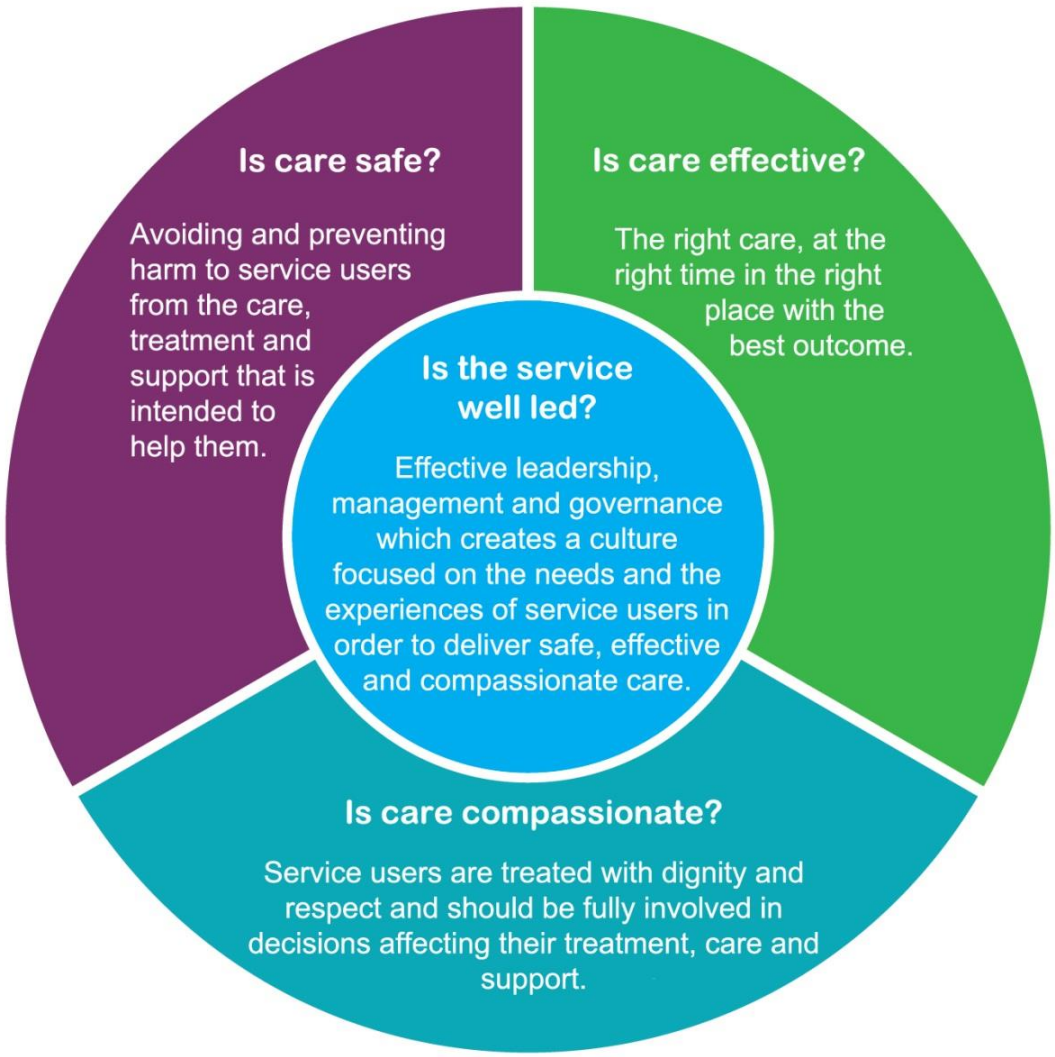
River House

Type of Service: Residential Care Home
Address: 114 Milltown Road, Belfast
Antrim, BT8 7XP
Tel No: 028 9064 8314
Inspector: John McAuley

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 registered residential care home which provides care for up to eight residents with a learning disability.

3.0 Service details

Organisation/Registered Provider: Amore (Watton) Limited **Responsible Individual(s):** Nicola Cooper	**Registered Manager and date registered:** Mark Beattie 05/07/2017
Person in charge at the time of inspection: Megan McCloskey, deputy manager then Mark Beattie from 10.00 hours	**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

4.0 Inspection summary

An unannounced care inspection took place on 24 April 2019 from 09.00 to 13.50 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led, with a primary focus on health and social care of residents.

Evidence of good practice was found in relation to general observations of care practices and staffs' knowledge and understanding of residents' needs and prescribed interventions.

Two areas requiring improvement were identified during this inspection. These related to the environment and review of the need for a designated cook.

Residents described living in the home as being a good experience/ in positive terms. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Mark Beattie, registered 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 inspection dated 21 November 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 21 November 2018.

No further actions were required to be taken following the most recent inspection on 21 November 2018.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, 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

Questionnaires 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. No responses were received in time for inclusion to this report.

During the inspection a sample of records was examined which included:

- staff duty rota
- two residents' records of care
- residents' progress records
- complaint records
- compliment records
- accident/incident records
- a sample of reports of visits by the registered provider/monthly monitoring
- RQIA registration certificate

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 the most recent inspection dated 21 November 2018

The most recent inspection of the home was an unannounced medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 5 July 2018

There were no areas for improvements made as a result of the last care inspection.

6.3 Inspection findings

6.3.1 Health and Social Care

An inspection of a sample of two residents' care records and residents' progress records was undertaken. Added to this discussions took place with staff in respect of residents' needs and their abilities to meet these needs. From this it was confirmed that the general health and social care needs are understood by staff. Staff had knowledge of individual residents' prescribed care interventions that promoted health and well-being.

A record was maintained of residents' aligned health care professionals and their contact details. A record was also maintained of residents' contact with their health care professionals, such as visits to the dentist, GP and speech and language therapist.

Issues of assessed need, such as pain, had a corresponding recorded statement of care given with the effect of same. The resident's next of kin and aligned named worker were kept informed of health care appointments and follow up care.

The sample of care records inspected confirmed that these were maintained in line with the legislation and standards. Care records were maintained in an organised methodical manner. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments, for example nutrition, falls and restrictive practices were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

The general health and welfare of residents is continually monitored and recorded. Referrals made to or advice from aligned health care professionals is recorded and aligned named workers are kept up-to-date on the resident's well-being or changes to it.

An individual agreement setting out the terms of residency was in place and appropriately signed.

6.3.2 The environment

The home was largely clean and tidy with good standard of furnishing and décor being maintained. Areas of improvement were identified in relation to the laundry room, which was disorganised, and in need of cleaning and the kitchen wall, which had loose plaster and in need of repair.

Communal areas were comfortable and suitably facilitated. Residents' bedrooms were comfortable and personalised.

The home was appropriately heated and fresh smelling.

The enclosed grounds of the home were suitably maintained.

There were no obvious health and safety risks observed in the internal and external environment.

6.3.3 Residents' views

Discussions with one resident at the time of this inspection confirmed that they were happy with their life in the home, their relationship with staff, provision of meals and the provision of activities and events.

The other four residents were unable to clearly articulate their views but they appeared at ease in their environment and interactions with staff.

Residents were dressed well in nice suitable attire.

6.3.4 Staff views

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Staff spoke positively about their roles and duties, training and managerial support. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management. Some of the comments made by staff included statements such as:

- "The care here is very good. We all support each other as a team"
- "I have no worries about the care here at all."

Concerns were expressed on the difficulties in staff having to undertake catering duties on top of their caring roles. This has been identified as an area of improvement to review the need to put in place a designated cook. In reviewing this, the registered person must be satisfied that the outcome of the review will meet adherence to Standard 12 Meals and Mealtimes of the DHSSPS Residential Care Homes Minimum Standards, August 2011.

6.3.5 Care practices

Discussions with staff confirmed that they were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

Staff advised that they were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

Discussion with the registered manager, inspection of accident and incidents notifications, care records and complaints records confirmed that any suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation and written records were retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

Residents appeared content and at ease with their interactions with staff and their environment. Staff interactions were found to be polite, friendly and warm. Staff responded to residents' needs promptly and showed understanding of individual residents' needs, particularly reassurance with distressed behaviours.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The last three months' reports (13 March 2019, 18 February 2019 and 31 January 2019) were inspected and found evidence to support good governance. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action. The registered manager also advised that the senior management team also visit the home on a regular basis providing assurance and governance.

6.3.6 Accident and incidents

The home's accident, incident and notifiable events policy and procedure included the reporting arrangements to RQIA. An inspection of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was inspected as part of the inspection process. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Areas of good practice

Areas of good practice were found in relation to feedback from residents, general observations of care practices and staffs' knowledge and understanding of residents' needs and prescribed interventions.

Areas for improvement

Areas of improvement were identified during this inspection. These were in relation to the environment and the need to review the provision of a cook.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mark Beattie, registered 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.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 **Ref**: Standard 27.1 **Stated:** First time **To be completed by:** 24 May 2019	The registered person shall ensure that the laundry room is effectively cleaned and organised and the plaster work to the kitchen wall is repaired. Ref: 6.3.2
	Response by registered person detailing the actions taken: The laundry room has been re-organised and cleaned and will be re-painted week commencing 17/06/19. The kitchen wall has been repaired, re-painted and a splasback has been fitted.
Area for improvement 2 **Ref**: Standard 25.4 **Stated:** First time **To be completed by:** 24 June 2019	The registered person shall review the need to put in place a designated cook. Ref: 6.3.4
	Response by registered person detailing the actions taken: A proposal for a cook has been submitted by the registered person and will be reviewed at a budget meeting scheduled for 18/07/19.

The Regulation and Quality Improvement Authority

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