

Unannounced Care Inspection Report 25 August 2020



River House

Type of Service: Residential Care Home (RCH)

Address: 114 Milltown Road, Belfast, BT8 7XP

Tel No: 028 9064 8314

Inspector: Laura O'Hanlon

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 registered to provide care for up to eight residents.

3.0 Service details

Organisation/Registered Provider: Amore (Watton) Ltd Responsible Individual: Nicola Cooper	Registered Manager and date registered: Suzanne Lesley Collins – registration pending
Person in charge at the time of inspection: Suzanne Lesley Collins	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 home on the day of this inspection: 8

4.0 Inspection summary

An unannounced inspection took place on 25 August 2020 from 09.35 hours to 17.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) practices
- care delivery
- care records
- environment
- governance and management arrangements

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	7	*2

*The total number of areas for improvement includes one area for improvement which has been stated for a third time, and one which has been stated for a second time. A further area for improvement under the standards has been subsumed into a new area for improvement under regulation.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Suzanne Collins, manager, and Tracey Henry, Interim Operations Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

A serious concerns meeting resulted from the findings of this inspection. During the inspection concerns were identified regarding: the lack of robust governance oversight within the home; record keeping to direct residents' care; risk management; and the home's environment. These shortfalls raised concerns that the quality of care provided to residents was below the standard expected.

The responsible individual was invited to attend a serious concerns meeting with RQIA via video teleconference on 3 September 2020 to discuss the inspection findings and their plans to address the issues identified. During the meeting the managing director and senior management team represented the responsible individual who was unavailable; the managing director provided an action plan and advised of the completed or planned actions to secure the necessary improvements and address the concerns identified during the inspection. Following the meeting, RQIA decided to allow the registered person a period of time to demonstrate that the improvements had been made and advised that a further inspection would be completed to ensure that concerns were effectively addressed.

RQIA informed the responsible individual following the meeting that further enforcement action may be considered if the issues were not addressed and the improvement sustained. RQIA will continue to monitor progress during subsequent inspections.

The enforcement policies and procedures are available on the RQIA website.

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services. The enforcement policies and procedures are available on the RQIA website at [https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with seven residents and 11 staff.

A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow residents and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas
- three residents’ records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance 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(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 11 and 12 March 2020.

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 10 Stated: Second time	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	Met
	Action taken as confirmed during the inspection: Discussions with staff confirmed they were knowledgeable and understood individual resident’s conduct, behaviours and means of communication.	

<p>Area for improvement 2</p> <p>Ref: Standard 6.3</p> <p>Stated: Second time</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.</p> <p>Action taken as confirmed during the inspection: Confirmation was provided following the inspection that five identified personal development and support care plans were signed by the next of kin.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 7.4</p> <p>Stated: Second time</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.</p> <p>Action taken as confirmed during the inspection: A review of three care records evidenced that written consent forms were not appropriately signed.</p> <p>This area for improvement has not been met and is stated for a third time.</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p>	<p>An accurate and up to date record is kept of staff working over a 24-hour period and the capacity in which they worked. This should include agency staff and clearly mark the person in charge of the home in the absence of the manager.</p> <p>Action taken as confirmed during the inspection: A review of the duty rota confirmed that the full names and grades of staff were recorded. The person in charge of the home in the absence of the manager was identified. However the duty rota did not reflect all of the staff working in the home on the day of the inspection.</p> <p>This area for improvement has been partially met and is stated for the second time.</p>	<p>Partially met</p>

<p>Area for improvement 5</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all areas of the home are kept clean and that staff fully adhere to safe and healthy work practices to minimise the potential risk and spread of infection.</p> <p>Action taken as confirmed during the inspection: An inspection of the environment identified areas within the home which required cleaning; it was also noted that Control of Substances Hazardous to Health (COSHH) regulations were not consistently adhered to.</p> <p>This area for improvement has not been met and has been subsumed into new areas for improvement under regulation.</p>	<p>Not met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p>	<p>Accurate and up to date progress records are maintained for each resident detailing each resident's situation, actions taken by staff and reports made to others.</p> <p>Action taken as confirmed during the inspection: A review of the progress records confirmed that daily entries were recorded of treatment provided and actions taken by staff in this regard.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p>	<p>Each resident has an individual care plan for the management of any identified risks such as infection and/or wound care.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager confirmed that there was currently no resident in the home who required management of infection and/or wound care.</p>	<p>Not applicable</p>

6.2 Inspection findings

6.2.1 Staffing

We reviewed the staff duty rota. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota. We could see that the duty rota detailed the full names and grades of staff. However, we noted that the duty rota did not accurately reflect all of the staff working in the home on the day of the inspection; two staff members who were on duty and undertaking their induction were not recorded on the rota. This area for improvement was stated for the second time.

The manager explained that the staffing levels for the home were appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. However, from review of the staff rota, we identified deficits where staffing levels were not maintained in keeping with the dependencies of the residents.

We could also see that there was a high dependency on agency staff in order to maintain the correct staffing levels. Discussion with the manager highlighted that it could be challenging, at times, to ensure that all shifts were covered due to short notice sick leave. The manager stated that while there is a high use of agency staff, efforts were made to ensure a consistent approach to care delivery by block booking agency staff, where possible.

Staff spoken with told us that they felt unsupported in their roles and that staff morale was low. Staff reported that there is additional pressure on staff when covering staff breaks and when trying to facilitate outings for residents. Staff said:

- "Staff do not consistently feel supported. We could do with extra staff for covering breaks and to support residents on outings. There is low staff morale."
- "We could do with more staff here. While I feel supported by the manager, I believe she could do with more support."

However, staff did comment positively on their sense of teamwork in the home; staff told us that they all work together for the benefit of the residents and believed there was good care provided to the residents. Staff said:

- "I believe safe care is provided here. There is good teamwork and the team leaders on duty do their best for the residents. There are enough staff on duty and everyone works well together."
- "Although there is regular use agency staff, the same staff is used. Safe care is provided to the residents."

The managing director attended a meeting with RQIA via video teleconference on 3 September 2020 to discuss these aspects of governance oversight, and their plans to address the identified shortfalls. During this meeting, the managing director provided assurances that the staffing levels would be adequately maintained and kept under review to ensure the needs of residents were effectively met. In addition, RQIA were advised that a simplified rota is now in place, which only the manager can amend, as needed.

The managing director further stated that a recent recruitment drive would hopefully help to reduce the home's reliance on the use of agency staff. In response to staff morale, the managing director advised that renewed focus would be placed on ensuring robust staff training and staff inductions, the latter of which will include the development/implementation of a 'buddy' system to provide staff with additional support. RQIA were also informed that a recently appointed Quality Improvement Lead within the organisation would provide enhanced support to staff within the home.

It was recognised by the managing director that the needs of residents living within the home had become increasingly complex and that staffing levels needed to be closely monitored and adjusted, as needed. It was stressed to the managing director that careful consideration be given to the root cause behind the turnover of both managerial and care staff which was noted to be high; such an analysis will help to promote greater stability within the home and drive sustained improvement in relation to the delivery of care. Managerial arrangements are considered further in section 6.2.6.

6.2.2 Infection prevention and control practices

Signage had been erected at the entrance to the home to reflect the current guidance in regard to infection prevention and control practices relating to COVID-19. Anyone entering the home were required to have a temperature and symptom check completed; use hand sanitiser and don the recommended Personal Protective Equipment (PPE) which was available. The manager confirmed that an enhanced cleaning schedule was in operation and that deep cleaning was carried out as necessary.

The staff had identified changing facilities where they could put on their uniform and the recommended PPE before entering the area they were working in. We observed that staff used PPE according to the current guidance.

PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained in the home. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to don and doff PPE correctly.

However, we noted a number of concerns in regard to the management of IPC within the environment. Examples of this included: rust was observed on bins and radiator covers, meaning they were unable to be effectively cleaned. A number of areas in the home were cluttered and unclean and in particular areas around light switches were observed to be unclean. The linen cupboard was also noted to be disorganised and contained packaged food belonging to a resident. This was identified as an area for improvement.

These deficits, in addition to other environmental shortfalls, were discussed with the managing director following the inspection and are referenced further in section 6.2.5.

6.2.3 Care delivery

We observed that residents' looked well cared for; they were well presented and well dressed. It was obvious that staff knew the residents well; they spoke to them in a reassuring tone and were very attentive. We observed where one member of staff was easily able to redirect a resident and deescalate a situation quickly.

We observed some residents engaged in activities. One resident was playing a games console with the support of a staff member. There was appropriate music playing in the background for the benefit of residents. Staff were able to describe the types of activities that the residents preferred.

We observed staff offering choices to the residents. Residents were involved in choosing their clothing or selecting their meals. We spoke with the cook in the home. The cook was knowledgeable in regards to residents' specific diets. Residents were able to explain that a choice of meal is offered and that an alternative would be available if this was required.

6.2.4 Care records

We reviewed three care records. Care records contained assessments of needs, care plans and associated risk assessments. However, concerns were identified regarding the management of record keeping to direct residents' care and the care records reviewed were not up to date or reflective of the needs of the residents.

For instance, in one care record reviewed, the care plan stated that the resident required a modified diet; this was not accurate. There was also no care plan in place to manage an identified risk of choking. In two care records reviewed, there was no care plan in place in relation to the management of an identified risk of epileptic seizures. This was identified as an area for improvement. It was also noted by the inspector that care records required improved organisation and contained a lot of older information which should be archived. Following the inspection, RQIA were advised that a simplified care plan matrix was now in place which contains a one page profile of each resident; the managing director advised that this new documentation would be more straightforward for staff to complete in an accurate and reliable manner.

We identified within one care record that staff were being directed to keep a resident's bedroom door open at night in keeping with the resident's preferences. While recognising residents' preferences is important, it was concerning that staff had not considered the potential fire safety risk. Discussion with the manager confirmed that the fire risk assessor was not aware of this arrangement. This was identified an area for improvement to and it was agreed that the manager should liaise with the home's fire risk assessor as a matter of priority to ensure the health and safety of residents within the home.

6.2.5 Environment

An inspection of the home was undertaken; this included observations of a number of bedrooms, ensuites, bathrooms, lounge and dining areas and storage areas. Resident's bedrooms were found to be personalised with items of memorabilia and special interests displayed.

In addition to those environmental shortfalls highlighted in section 6.2.2., we observed clutter in corridor areas including a fire door exit. This was identified as an area for improvement to ensure that walkways are clear and free from obstruction.

We also observed within the resident's kitchen areas that there were cleaning products inappropriately stored. These hazardous cleaning chemicals were unsecured and potentially accessible by residents. An area for improvement was made.

We noted that decorative light cabling was hanging loose and/or unsecure in a communal bathroom and along a corridor ceiling; this was a potential ligature risk to residents and identified as an area for improvement.

The managing director attended a meeting with RQIA via video teleconference on 3 September 2020 to discuss these shortfalls in regard to the environment. During this meeting, the managing director advised RQIA that an assessment of the environment had now been carried out and that contractors were in place to address the deficits highlighted. The managing director stated that maintaining the cleanliness of the home and addressing overdue building work was now being prioritised.

6.2.6 Governance and management arrangements

Discussion with the manager and staff confirmed that there is a management structure within the home and the manager was available throughout the inspection process. The manager advised that she undertakes daily meetings with the staff in order to retain oversight of the home. Records of these meetings were reviewed during the inspection.

During discussion with the manager we were advised that she had tendered her resignation and was currently working a notice period.

An inspection of accidents and incident reports confirmed that these were effectively documented and reported to other relevant organisations in accordance with the legislation and procedures.

A review of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction or complaint were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The report of the visit dated 27 April 2020, 26 June 2020 and 16 July 2020 was provided. It was disappointing to note that these reports did not identify issues highlighted during the inspection. RQIA was therefore not assured that these visits, which had been completed remotely due to the ongoing pandemic, provided sufficient detail to ensure adequate oversight and assurances in relation to the conduct of the home. An area for improvement was made in this regard.

The managing director attended a meeting with RQIA via video teleconference on 3 September 2020 to discuss these shortfalls in regard to governance oversight within the home. During this meeting, the managing director advised RQIA that interim managerial arrangements would shortly be put in place pending the appointment of a new manager; it was agreed that RQIA would be advised of this formally in keeping with regulation. RQIA were formally notified of the interim management arrangements.

The managing director stated that she was disappointed by the inspection findings and, as such, would ensure that River House receives sustained support and focus by the senior management team in order to address the areas for improvement.

Areas of good practice

Evidence of good practice was found in relation to maintaining residents' dignity and privacy. We observed friendly, supportive, compassionate and caring interactions by staff towards residents.

Areas for improvement

New areas for improvement were identified in relation to the environment, care records, fire safety, COSHH management, ligature risks, and Regulation 29 reports.

	Regulations	Standards
Total number of areas for improvement	7	0

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a respectful manner. We observed positive interactions between staff and the residents.

However, serious concerns were highlighted in regard to the lack of robust governance oversight within the home; record keeping to direct residents' care; risk management; and the home's environment. The responsible individual was invited to attend a serious concerns meeting with RQIA via video teleconference on 3 September 2020 to discuss the inspection findings and their plans to address the issues identified; this is discussed further in section 4.1. New areas for improvement were highlighted and are discussed within the body of the report and section 7.2.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Suzanne Collins, manager and Tracey Henry, Interim Operations Manager, as part of the inspection process. Inspection findings were also discussed with the managing director following the inspection. 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 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 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 26 August 2020</p>	<p>The registered person shall ensure that all areas of the home are clean and free from clutter.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Deep clean and de clutter completed Cleaning schedules reviewed and weekly environmental Quality Walk arounds being completed to ensure cleanliness is sustained.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1)(2)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2020</p>	<p>The registered person shall ensure that care plans and risk assessments are fully reflective of the needs of the residents and should direct and inform the care required.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: All care plans files are being reviewed and updated with a view to complete by 31.12.2020 . QIL will complete weekly documentation Quality walk round on one file per week and feedback to the senior leadership team with findings and actions required. Key worker system in place to ensure oversight of files in their entirety.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the fire risk assessor is informed in relation to the fire door being left open at night. Advice should be sought and appropriate action taken in this regard.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: fire doors have been checked and all are attached to the fire alarm system. In the event of the fire alarm being activated all doors will automatically close, regardless of whether they are left open for personal preferences. This forms part of the weekly fire test to ensure that all door closures are functioning.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that walkways are kept clear and free from obstruction.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: Complete- Weekly environmental Quality Walk arounds being completed to ensure walkways remain free from obstructions and are clear.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all chemicals are appropriately and securely stored in keeping with Control of Substances Hazardous to Health (COSHH) regulations.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: Complete- Staff have been reminded about storage of COSHH products and this is being monitored and evidenced as part of the walk around being completed in the service daily.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that action is taken to address any potential ligature risks. This refers specifically to decorative lighting cabling in an identified bathroom and corridor area.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The decorative lighting has been removed and alternative lighting is being reviewed by the management team.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 29 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2020</p>	<p>The registered person shall ensure that the visit by the registered provider’s representative is undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports of these visits should provide sufficient detail to ensure adequate oversight and assurances in relation to the conduct of the home.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: Some remote monitoring continues as part of Covid-19. However there is frequent senior management presence at the home to validate the findings of remote audits.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 7.4</p> <p>Stated: Third time</p> <p>To be completed by: 30 September 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.</p> <p>Ref: 6.1 & 6.2</p> <p>Response by registered person detailing the actions taken: All complete and in place.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 25.6</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>An accurate and up to date record is kept of staff working over a 24-hour period and the capacity in which they worked. This should include agency staff and clearly mark the person in charge of the home in the absence of the manager.</p> <p>Ref: 6.1 & 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Revised Rota format in place that details person in charge, agency staff and Fire Marshal and First Aid trained staff.</p>
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