

# Inspection Report

26 May 2022



## River House

Type of service: Residential Care Home  
Address: 114 Milltown Road,  
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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 Elizabeth Perez	<b>Registered Manager:</b> Mrs Catherine Busby  <b>Date registered:</b> 5 May 2022
<b>Person in charge at the time of inspection:</b> Mrs Catherine Busby	<b>Number of registered places:</b> 8
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 8
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and 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 26 May 2022 from 9.50 am to 4.00 pm. The inspection was carried out by two care inspectors.

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.

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 provide residents with person centred care in a timely, kind and compassionate manner. Feedback from staff also evidenced that they approached their work in a reflective manner aimed at improving the lived experience of residents within the home.

It was positive to note that all areas for improvement identified at the last care inspection were met; no new areas for improvement were identified.

We found that there was safe, effective and compassionate care delivered in the home and that the home was well led.

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 the previous areas 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 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 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 manager and Tracey Henry, Regional Director, at the conclusion of the inspection.

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

Residents who were able to share their thoughts on how they found life in the home said that they felt well looked after. Those residents who were less well able to voice their opinions were seen to be relaxed and content in their surroundings and in their dealings with staff.

Staff said that staffing levels were satisfactory and that they enjoyed working in the home and felt well supported by the manager. Staff comments included "they (the manager and senior management team) take time to sit down with you, very accessible"; staff described working within the home as "challenging but rewarding" and also told inspectors "we are a good team."

A record of compliments received about the home was kept by the manager and shared with the staff team; this is good practice.

Following the inspection RQIA received four completed questionnaires. Three relatives indicated that they were very satisfied with all aspects of care provided in the home; however, one of the relatives said there was an occasional issue with clothing.

A fourth relative indicated that their loved one was not satisfied with any aspect of the care provided. This relative provided additional comments for consideration regarding aspects of care and management which they were not satisfied with.

All comments made during the inspection by residents and staff, and those included within returned relatives' questionnaires were brought to the attention of the manager for information and action, as required. The manager confirmed that the management team was aware of the matters raised via the relative's questionnaire. The manager said that the staff team work closely with relatives and the relevant Trust keyworkers, where necessary, and endeavour to resolve issues promptly as much as possible.

## 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 21 December 2021.		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 27(2)(d)  <b>Stated:</b> Second 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>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of relevant records evidenced that suitable domestic arrangements were in place; observation of the home environment evidenced that it was maintained to a clean and tidy standard.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (2)(d)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The kitchen was observed to be clean and tidy throughout. The manager confirmed that replacement shelves were on order.	
<b>Area for improvement 3</b>	The responsible person shall ensure that staff training in regard to those infection prevention	

<b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	and control (IPC) deficits highlighted in this inspection have been embedded into practice and that staff practice is regularly quality assured by the manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of staff practice confirmed that IPC training had been embedded into practice. Quality assurance audits had also been completed by the manager.	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28.3  <b>Stated:</b> First time	The responsible person shall ensure that toiletries are appropriately stored in bathrooms at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations of the environment confirmed that toiletries were appropriately stored in bathrooms.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There was a system in place to monitor that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. The manager said that staff were reminded when mandatory training was due. Staff said they completed an induction on commencement of their employment and felt adequately trained to carry out their role effectively.

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.

Staff said that they were satisfied with staffing levels and confirmed that efforts were made to cover absences such as short notice sick leave. It was noted that there was enough staff in the home on the day of inspection to respond to the needs of the residents in a timely and effective manner.

Staff also said that team work was good and that they felt well supported in their role, the manager was approachable and allocation of staff was well managed.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. It was observed that staff respected residents' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to residents in a discreet manner.

Staff were knowledgeable about the residents' care needs, preferred routines, likes and dislikes and any potential triggers that might upset them. Behaviour support care plans were detailed, person centred and individualised. Staff spoke of the importance of promoting a positive culture in the home so as to ensure that the care provided was stable and consistent and provided residents with successful outcomes.

Staff were seen to be prompt in recognising residents' needs and any early signs of distress. It was observed that staff effectively responded to a distressed resident; they provided appropriate care and employed de-escalation techniques with a successful outcome for the resident. Care records pertaining to the management of behaviours which may be challenging were detailed, person centred and kept under regular review.

At times, some residents may be required to use equipment that can be considered to be restrictive, for example, a harness may be required for safe transport. Residents might also require safety interventions from staff on occasions. It was established that safe systems were in place to manage this aspect of care.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The cook discussed the dietary requirements, likes and dislikes of the residents and said that great efforts were made to offer residents a suitable and tasty diet while ensuring that all necessary factors were taken into consideration. Feedback from the cook evidenced that they were knowledgeable and enthusiastic regarding their role. The cook stated that meals were freshly prepared on a daily basis and that residents were consulted about menu options. The cook also said that she shopped daily and used locally supplied produce, where possible, to help ensure that residents were provided with a healthy and varied diet. It was also noted that residents had opportunity to enjoy a 'takeaway' meal on a regular basis too.

Meal times were observed to be flexible to meet the needs of individual residents. Staff explained that if a resident had a morning lie-in then their meals would be served at a later time than usual and that the dining routine was tailored around what best suited each resident. The food on offer was attractively presented and smelled appetising.

Staff were seen to provide residents with the recommended level of support they required at meal times and offered residents drinks and snacks regularly throughout the day. Staff told us how they were made aware of residents' nutritional needs to ensure that they were provided with the right consistency of diet. Care records accurately reflected recommendations made by the dietician and/or Speech and Language Therapist (SALT).

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.



Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs. Residents care records were held confidentially.

Care records were well maintained and regularly reviewed and updated to ensure they continued to reflect 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.

Residents' individual likes and preferences were reflected throughout the records, for example, food likes and dislikes and preferred activities or hobbies. 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 recorded.

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

Residents' bedrooms were personalised with items that were important to them, for example, books, family photos, cuddly toys and posters. Communal areas were tastefully decorated, suitably furnished and comfortable. Fire exits and corridors were observed to be clear of clutter and obstruction.

The home was observed to be clean and tidy throughout. It was established that suitable domestic arrangements were in place to ensure that the environment was kept clean and tidy.

It was noted that identified areas of the home required repairs and/or redecoration. This was discussed with the manager and Regional Director who agreed that a time bound action plan for repairs and redecoration would be developed. Following the inspection, the action plan was shared with RQIA and the manager has since confirmed which required actions have been completed to date.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Review of records, observation of practice and discussion with staff confirmed that effective training on 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. However, it was observed that the hand hygiene audit tool in use lacked detail. This was brought to the attention of the manager who agreed to review this so that the effectiveness of the audit tool could be improved.

### 5.2.4 Quality of Life for Residents

The atmosphere throughout the home was warm, welcoming and friendly. Residents looked well presented and staff were seen to be attentive to their needs. Observations of the daily routine confirmed that residents could choose where to sit, when to go outside or where to take their meals; staff were observed supporting residents to make these choices.

Staff discussed the importance of ensuring residents were presented with suitable activities in the home and also have opportunities to leave the home and enjoy meaningful outings which they could derive positive benefits from. Residents had individual in-house activity plans in place which included, for example, table top games, watching movies and hand massages. Parties were planned for residents' birthdays and holidays such as the upcoming Jubilee. Additionally, each resident had a community activity planner with their individual interests and abilities taken into account. Planned community activities included options such as music classes, bus trips, walks, visits to shops and restaurants and visits to the local fire station, the aquarium and the beach.

Some residents have been assessed as requiring continuous supervision from one or more staff. It was observed that staff consistently provided these residents with the level of care and support required. Staff were seen to effectively communicate with the residents and to treat them with kindness, patience and compassion. The daily routine was seen to be flexible and responsive to residents' preferences, needs and choices.

Visiting and Care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents. Staff facilitated residents to make home visits when possible. Agreed communication pathways had been developed to promote positive and meaningful interaction between relatives and the appropriate staff to aid with timely sharing of information and resolution of any issues that might arise.

### 5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Catherine Busby has been the Registered Manager in the home since 5 May 2022.

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.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. We discussed how governance within the home could be enhanced by the inclusion of time bound action plans within some quality assurance audits and by ensuring that records relating to out of hours visits by senior staff are completed in a detailed manner. This was brought to the attention of the manager and Regional Director for action and will be reviewed at the next care inspection.

There was a system in place to manage complaints. The manager told us that complaints were seen as an opportunity for staff learning and improving service delivery.



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

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 adult safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff commented positively about the management team and described them as supportive and approachable. The manager and Regional Operations Director spoke of the importance of ensuring that staff felt valued and said that a regular 'treat' day had been introduced for staff as an acknowledgement of their continued hard work. Staff were consulted with during the inspection regarding their views and opinions on the running of the home; there was evidence of regular staff meetings and a staff supervision schedule was in place.

We spoke with one visiting professional during the inspection who told us: "I can see a big improvement (since the appointment of the current manager) – staff are at ease and relaxed and feel supported by Cathy (manager); Cathy is very approachable and is out and about around the home." This visiting professional also described the use of de-escalation techniques by staff as "excellent"

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.

## **7.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Catherine Busby, Registered Manager, and, Tracey Henry, Regional Director NI, as part of the inspection process and can be found in the main body of the report.



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