



## **Announced Care Inspection Report 13 October 2020**



### **Strand House – Bohill Bungalows**

**Type of Service: Residential Care Home (RCH)**  
**Address: 69 Cloyfin Road, Coleraine, BT52 2NY**  
**Tel No: 028 70 325 180**  
**Inspector: Nora Curran**

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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 residential care for up to 6 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore (Watton) Ltd  <b>Responsible Individual(s):</b> Nicola Cooper	<b>Registered Manager and date registered:</b> Lorna King – 17 January 2017
<b>Person in charge at the time of inspection:</b> Lorna King	<b>Number of registered places:</b> 6
<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 home on the day of this inspection:</b> 6

### 4.0 Inspection summary

An announced inspection took place on 13 October 2020 from 11.00 to 14.15 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.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection prevention and control (IPC) practices
- quality of life for residents
- quality improvement.

Residents were well presented in their appearance and looked to be comfortable, relaxed and settled in their environment.

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
<b>Total number of areas for improvement</b>	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lorna King, 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.

## 5.0 How we inspect

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- duty rotas from 7 to 20 September 2020
- statement of purpose
- service user guide
- a selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- minutes of residents'/relatives'/staff meetings
- three residents' individual activity planners
- three residents' nutritional care records

During the inspection RQIA were able to consult with residents and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents and residents' representatives and staff. Eight patients' questionnaires and eight residents' relatives/representatives questionnaires and 10 staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

We received no completed questionnaires within the allocated timeframe.

Following a review of the information submitted to RQIA, the inspection took place via teleconference with Lorna King, manager.

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 medicines management inspection undertaken on 15 January 2020. The most recent unannounced care inspection of the home was undertaken on 2 July 2019.

There were no areas for improvement identified as a result of either of these inspections.

## 6.2 Inspection findings

### 6.2.1. Staffing

Prior to the inspection we reviewed the duty rota for the period of 7 to 20 September 2020. We could see that staffing levels which had been determined by the home had been adhered to during that period. The manager confirmed the staffing level and skill mix for the day of inspection and described how staffing arrangements are determined by residents' dependency levels and needs. We noted that of the six staff on duty, two staff were assigned to provide one to one care for two identified residents. Staff told us that time was allocated at the start and end of each shift for a handover between staff. We established that staffing provision within the home had not been affected during the COVID-19 pandemic; it was further noted that the manager had a COVID-19 contingency plan in place which included staff temporarily living within the home, if required.

In the absence of the manager, a senior care assistant is required to assume charge of the home. This person was identified on the duty rota and has access to an on call duty rota (including contact numbers) so that senior managers can be contacted, if needed. Weekend and night cover was rotated between the manager, managers from two adjacent care homes and a regional manager. All senior care assistants had completed a person in charge competency and capability assessment which was reviewed annually by the manager, along with medicines management competencies.

Recruitment and selection policies and procedures were in place to ensure the home operated in line with employment legislation. There was a system in place to monitor relevant staff registration with the Northern Ireland Social Care Council (NISCC). A minimum of three months induction was provided to new staff which made provision for all mandatory training, colleague shadowing shifts and supportive supervisions. This was confirmed by a new member of staff during the inspection, who spoke in positive terms about their experience as a new member of the team.

An electronic system was in place which collated information on inductions, staff training, competencies, supervisions and appraisals, which helped with managerial overview of staff training needs. This system alerted the manager when staff supervisions and appraisals were due. While the COVID-19 pandemic had impacted on the ability to deliver face to face training sessions, both staff and manager confirmed that individual online training modules continued and that some group training sessions had taken place via video link which gave the opportunity for staff to ask questions. The most recent training topic provided to staff was adult safeguarding and this had been provided by an external training company.

There was evidence of regular consultation with staff through regular meetings, records of which were maintained by the manager.

Staff and residents spoken with on the day of inspection indicated that they were happy with the staffing arrangements in the home. Staff expressed that they felt equipped with the skills, knowledge and resources to carry out their roles in a safe and effective manner.

We spoke with three residents during the inspection and observed all other residents at points during a virtual walk-round. Residents looked relaxed in their surroundings and there was evidence of warm and natural rapport between staff and residents.

**Staff told us:**

- “The staffing levels are great here, especially compared to other places I’ve worked...brilliant team.”
- “We won a ‘family award’ last year at the Pride awards.”
- “Training is great...I was even away on a course that wasn’t mandatory but very relevant to my job and the company paid for it...we get brilliant opportunities...no chance (staff) miss a course cause (the management) are proactive here and prompt you.”
- “We get appraisals yearly and supervisions about every six to eight weeks.”
- “Brilliant place to work.”
- “We work well as a team...did recent training on Zoom, it was good...with regard to the residents they are comfortable with us...everyone knows their jobs and it’s a great place to work.”
- “I worked in another industry for years and so happy I came here...I love it.”

**6.2.2 Management arrangements**

We established that there had been no changes to the management arrangements in the home since the last inspection. There was a clear organisational structure in place, which was available for all residents and any other stakeholders.

There was a monitoring system in place whereby any professional from within the organisation who ordinarily did not work on a daily basis in the home, was requested to complete an observational walk-round and record some quality auditing. This quality monitoring initiative was introduced by the organisation and staff were asked to observe and comment on areas within their remit and competencies; for example if a manager from another home within the organisation was in Strand House, they would be asked to complete a walk-round audit. A record of this was maintained and shared with the manager for action if required. The manager told us that they aimed to have at least one of these professional visitor audits completed each month. This target had been affected by the Covid-19 pandemic as there had been significantly reduced footfall in the home. A professional visitor audit which had been completed on 28 August 2020 focused on the Mental Capacity Act (MCA) (NI) 2016, and examined staff awareness and understanding of the MCA, best interest decisions, restrictive practice and deprivation of liberty safeguards. The findings were shared with the manager.

The manager explained that they have an open door policy with regards to engaging with staff, residents and relatives; we observed some residents approach the manager with ease both in communal areas and in the manager’s office. Staff expressed that they were aware of the safeguarding and whistleblowing policies and that they would not hesitate in reporting issues or concerns. Staff were able to name the safeguarding champion for the home.

**Staff told us:**

- “I know the safeguarding policy and there are posters in the staff room on whistleblowing.”
- “The manager has an open door policy...even tiny things, big or small I would go to the manager...better safe than sorry.”
- “Lorna (manager) and the seniors keep me right...the management of the home is very very good...I feel I could raise anything, any wee problem.”

### 6.2.3 Governance systems

Prior to the inspection we requested copies of a number of audits and governance records for review. These included topics such as: infection prevention and control audits, hand hygiene observations, quality walk-round audits, accident and incidents, restrictive practice, nutritional and dining audits and Regulation 29 monitoring visits. IPC and hand hygiene audits are discussed in section 6.2.4.

Quality walk-round audits were in place as part of the proprietor's overall quality monitoring system. These audits were designed to be completed by designated staff by any person employed by the organisation whether their substantive role is within that home or they are visiting the site on work related business. We reviewed two recently completed audits and could see that they offered comment on first impressions, environmental cleanliness, IPC and general safety. These audit findings provided the manager with an additional source of quality monitoring feedback from staff and professionals who could provide a different perspective. Where required audit finding were acted upon by the manager.

Accidents and incidents were audited monthly and we looked at the records for July 2020. We could see that one incident had occurred and appropriate action and reporting was followed. The accident and incident audit template allowed for an analysis by the manager of any trends and patterns in regard to such events

The use of restrictive practices was monitored by the manager with the aid of a monthly audit which incorporated relevant risk assessments, care plans, types of restrictive practice, consent, and family and multi-disciplinary involvement through care reviews. We found no issues with this auditing system which were noted to have been completed robustly.

Residents' dining experience and their nutritional care was audited on a monthly basis. These audits covered observation of residents' dining experience including preparation of the environment, meal times, nutritional care records and menus. We reviewed these records for August 2020 and were assured that they had been completed robustly.

We looked at the records from the Regulation 29 monitoring visits in July 2020 and August 2020. We could see that the visits were unannounced; the person conducting the visits commented on the environment, reviewed a sample of records, consulted with staff and residents and concluded with an action plan. A written copy was provided to the manager and each month commented on progress made on the previous action plans.

### 6.2.4 Infection prevention and control practices

Review of the duty rotas and discussion with the manager confirmed that while required staffing levels remained unaffected by the current pandemic, additional duties had been allocated to staff to ensure compliance with infection prevention and control best practice standards, for example, enhanced cleaning duties. In addition, domestic staff also undertook regular cleaning of touchpoints. The importance of enhanced hygiene was also shared by staff with the residents who were encouraged and assisted in participating in environmental and personal cleaning as part of their daily routine. One resident expressed pride about taking part in these cleaning tasks and told us about how they managed their own laundry and bedroom. It was evident that including the residents in the completion of such tasks promoted an ethos of independence.



There was evidence of monthly IPC audits and daily hand hygiene audits having been conducted by the manager. We could see that issues identified during the audits were addressed and remedied at the time. Staff were also asked to complete records of their own hand hygiene which helps them remain focused on key times when hand hygiene is necessary.

Staff were observed to use personal protective equipment (PPE) appropriately and they told us that PPE was readily available. The manager ensured compliance with PPE through staff training, supervision and daily observations of staff around the home. Any issues which were identified by the manager was then addressed at the time and also recorded within staff supervision records.

At the time of the inspection the home was closed to non-essential indoor visiting and the manager was able to refer to current regional guidance relating to care home visiting. A well maintained outdoor space was available for relatives and friends to visit. Social distancing was encouraged and hand sanitiser and PPE was made available. The outdoor visiting was by appointment only to help reduce any risks and visitors were asked to complete health declarations and comply with temperature monitoring. Records of all visits were maintained in a Covid-19 file and held securely for data protection.

Staff and essential professional visitors also participated in health declarations and temperature checks, as necessary. Staff were observed adhering to the home's uniform policy; staff are required to enter and exit the building by a separate door and avail of staff changing and washing facilities. Hand sanitisers, PPE and donning and doffing stations were available at appropriate locations throughout the home. The manager confirmed that both residents and staff are also participating in the regional COVID-19 testing programme at agreed intervals.

In relation to the COVID-19 pandemic and IPC staff said:

- "I definitely feel safe in work...we follow the process for keeping everyone safe...there is a Covid-19 file we can look at any time with the guidance and we get alerts about any changes or updates."
- "I 100 per cent feel safe here...we have all the PPE we need and the management support us...we are kept up to date with the guidance and stuff, we get daily flash updates."
- "Everything about it has been explained really well...I know where to read the guidance."

### **6.2.5 Quality of life for residents**

During the inspection we undertook a virtual walk-round using video call technology. We observed clean, clutter free, spacious and well-lit corridors. Staff facilities included a changing and washing area, where staff could sanitise their hands and don PPE before entering the residents' areas. Any rooms which contained materials that could be hazardous to health were secure with keypad locks. We could see that fire exits were clear from obstacles or obstruction.

We viewed the main entrance which was clean, welcoming and had neatly displayed relevant information such as COVID-19 guidance. There was also a supply of hand sanitiser and PPE at the main entrance for essential professional visitors. The main entrance displayed a range of homely information such as photographs of staff and residents, staff names and resident art work.



We looked a sample of residents' bedrooms and found each to be spacious, clean and personalised to each resident's tastes and interests. It was evident that residents were involved in choosing the décor and furnishings for their bedrooms. One resident took great delight in showing and telling us about her new double bed and tent in her bedroom. Another resident's bedroom was personalised with framed artwork which they had completed during activities sessions.

The en-suite toilets and communal bathrooms were clean and free from clutter or inappropriate storage.

The communal lounges also evoked a homely feel, with lots of sentimental possessions such as framed childhood photographs of residents, ornaments, games and music collections. The manager told us that the residents also helped choose the colours and décor in the communal lounges and dining areas.

During the walk-round we visited the activities facility which was located in a separate bungalow. As the activities area was also used by residents within a number of adjacent bungalows, we were told that allocated time slots were used to co-ordinate this; in addition, the activities co-ordinator and a care assistant would decontaminate the room between use. During the inspection we observed residents use the activities facility and they appeared to enjoy making Halloween decorations. While there was no generic activity planner, feedback from staff provided assurance that each resident decided on what activities they wanted to do when using the activities area. There were also suggestions of activities on display to help give ideas of options, and staff would engage with residents to encourage their interests and pursuits. Each resident had a personal activity planner and record and we reviewed these for three residents. We found them to be resident led and varied.

Residents were encouraged to participate in as many aspects of their daily living as possible and often took turns in helping prepare meals. Residents are supported by care staff who have completed a "we cook it" food course which is designed for those who assist people living with learning disabilities to make meals. This initiative clearly played an important part in the residents' day and they would engage in the process from preparing the shopping list to serving the meals to their fellow residents. This commitment to promoting resident independence is commended.

We reviewed nutritional care records for three residents and could see that relevant risk assessments were in place and were reviewed on at least a monthly basis. Care plans were in place for any identified needs and there was evidence of multi-disciplinary input where appropriate, such as speech and language therapy (SALT) and dietetics. Residents' weights were monitored monthly. We found that supplementary records were in place to record residents' food and fluid intake. However, gaps were noted within these supplementary records for one resident who required a modified diet, namely, the SALT recommendations were not recorded. This was identified as an area for improvement.

There was evidence of further resident consultation through regular meetings. We reviewed the records for one residents' meeting in August 2020 and could see the attendance list, topics discussed and residents' feedback and suggestions. The agenda included COVID-19, nutrition, activities and outdoor environment. There was also a 'your voice' forum for residents and regular care review meetings.

**Three residents engaged with us on a one to one basis via teleconference. They appeared well-groomed, content and confident in their surroundings. They told us:**

- “I’m very happy...I got a bow in my hair today...I love drinking coke and looking forward to Santa coming.”
- “It’s my birthday in a few days, I’m gonna have a chippy and blue WDK...I love doing word search and going for walks...I miss going out with family and friends...I like my bedroom, I picked the colours pink and purple.”
- “I had potatoes and ham for lunch...happy with my bedroom I have my pictures up.”

**Staff said:**

- “I love it here...it’s a breath of fresh air, very person centred...the food is great, we are flexible with meal times and work around the residents...it’s a brilliant place to work.”
- “With the cooking we teach the residents along the way, show them about checking food temperatures...residents choose the shopping...it’s like a home from home...great place to work.”
- “My induction has been great...it’s such a worthwhile job...we always accommodate food requests...I can’t wait until the pandemic is over so we can go out and do much more with the residents.”

## 6.2.6 Quality improvement

The implementation of additional quality audit systems such as the multi-staff/multi-disciplinary walk-round audit tools has strengthened the managers overall governance system.

Work had also taken place with regards to the residents’ outdoor spaces. This was important given that only outdoor visiting was in place due to restrictions arising from the current COVID-19 pandemic. Also, an outside summer house had been converted into a shop themed area, which was stocked with confectionary, toiletries and stationary products, amongst other items, for residents to purchase.

### Areas of good practice

Areas of good practice were identified in relation to staff training and development, and the provision of activities. Additional areas of good practice were also noted in relation to the culture and ethos of the home which actively promoted engagement with/independence of residents.

### Areas for improvement

One area for improvement was made in relation to the completion of supplementary nutritional records.

	Regulations	Standards
Total number of areas for improvement	0	1

### 6.3 Conclusion

There was stable management and staffing arrangements in place. The home was compliant with visiting guidance relating to the COVID-19 pandemic. Residents and staff spoke in positive terms about living and working in Strand House. Staff said they felt supported and continuous professional development was encouraged. A person-centred approach was evident in the daily routine of the home as evidenced by residents' involvement in décor, activities and meal planning. One area for improvement was made in relation to the completion of supplementary nutritional records.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lorna King, 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 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.10  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that supplementary nutritional intake records are completed in full and clearly state the recommendations made by speech and language therapy staff, as appropriate.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>            This action was addressed immediately following the inspection. All the relevant paperwork was duly completed with the diet type and level as per SALT recommendations.</p>

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





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