

# Unannounced Care Inspection Report 24 July 2018



## Strand House - Bohill Bungalows

**Type of Service: Residential Care Home**  
**Address: 69 Cloyfin Road, Coleraine, BT52 2NY**  
**Tel No: 028 7032 5180**  
**Inspector: John McAuley**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with six beds that provides care for residents living with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore (Watton) Limited  <b>Responsible Individual:</b> Nicola Cooper	<b>Registered Manager:</b> Lorna King
<b>Person in charge at the time of inspection:</b> Amy Darragh, senior care assistant	<b>Date manager registered:</b> 17 January 2017
<b>Categories of care:</b> Residential Care (RC) LD – Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 6

### 4.0 Inspection summary

An unannounced care inspection took place on 24 July 2018 from 10.00 to 13.20.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, training, supervision and appraisal, good working relationships, care records, audits and reviews. Good practice was also found in relation to adult safeguarding, management of incidents and the home's environment.

One areas requiring improvement was identified. This was in relation to visits by the registered provider.

Feedback from residents in accordance with their capabilities was all positive in respect of their life in the home and their relationship with staff.

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

Details of the Quality Improvement Plan (QIP) were discussed with Amy Darragh, senior care assistant, 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 care inspection**

No further actions were required to be taken following the most recent inspection on 27 February 2018.

#### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with six residents, four staff and the senior care assistant in charge.

A total of six questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned in time for inclusion to this report.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, accidents and incidents (including falls, outbreaks), complaints, environment, catering, Infection Prevention and Control (IPC), NISCC registration
- Equipment maintenance records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

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 27 February 2018**

The most recent inspection of the home was an unannounced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 27 February 2018**

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

## **6.3 Inspection findings**

### **6.4 Is care safe?**

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The senior care assistant confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were not used in the home. No concerns were raised regarding staffing levels during discussion with residents and staff.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

An inspection of a completed induction record and discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The senior care assistant confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of a completed staff competency and capability assessment was inspected and found to be satisfactory.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. The senior care assistant advised that no staff were recruited since the previous inspection, therefore staff files were not inspected on this occasion.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body. Discussions with staff confirmed their knowledge and understanding of registration with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the Adult Safeguarding Champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

The regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) was available for staff within the home. Staff 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. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the senior care assistant, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse. These would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The senior care assistant confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior care assistant identified that the home did not accommodate any individuals whose assessed needs could not be met.

The home's policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The senior care assistant advised there were restrictive practices within the home, notably the use of keypad entry systems, a bed rail, and management of smoking materials. In the care records inspected these restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the Statement of Purpose and Residents' Guide.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The home had a risk management policy and procedures in place. Inspection of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly for example; COSHH, fire safety and manual handling.

It was established that one resident smoked. An inspection of this care records identified that risk assessment and corresponding care plan(s) had been completed in relation to smoking

The home's Infection Prevention and Control (IPC) policy and procedure was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

Environmental and infection prevention and control audits had been undertaken in May 2018.

The senior care assistant reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. Communal living areas were comfortable and homely. The catering and laundry facilities were clean and well organised.

Inspection of the internal environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The senior care assistant reported that there was no lifting equipment used in the home.

The senior care assistant was asked to ask the registered manager to submit details of when the last Legionella risk assessment and fire safety risk assessment was undertaken and confirmations of that actions have been undertaken in response to any recommendations taken.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety twice annually. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

### **Areas of good practice**

There were examples of good practice found throughout this inspection in relation to staffing, training, supervision and appraisal, adult safeguarding, and the home's environment.



## Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

#### **The right care, at the right time in the right place with the best outcome**

Discussion with the senior care assistant established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

An inspection of three residents' care records confirmed that these were maintained in line with the legislation and standards. 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 manual handling, nutrition and falls were inspected and updated on a regular basis or as changes occurred.

Inspection of residents' progress records confirmed that issues of assessed need had a recorded statement(s) of care/treatment given with the effect of same.

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. Care records inspected were observed to be signed by the resident.

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

Discussion with staff confirmed that a person centred approach underpinned practice. This was primarily evidenced from staff knowledge and understanding of individual residents' needs and in particular their communication needs.

The senior care assistant confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Examples of such audits included an audit of care records, a nutritional audit and a safety audit carried out in May 2018.

Staff confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included multi-professional team reviews, residents' representatives meetings, staff meetings and staff shift handovers.



A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the senior care assistant and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage. No residents were reported to have tissue viability needs.

Staff confirmed that management operated an open door policy in regard to communication within the home.

Minutes of staff and residents' meetings were inspected. , For example the minutes of the residents' meetings on March and May 2108 and the minutes of the monthly staff meetings.

Observation of practice evidenced that staff were able to communicate effectively with residents. This communication was done on an individualised basis and detailed in aligned care records and enhanced by staff knowledge and understanding of individual residents' needs.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Arrangements were in place, in line with the legislation, to support and advocate for residents.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

### **Areas for improvement**

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspector met the six residents in the home at the time of this inspection. Five of these residents were in attendance at their nearby day care facility. In accordance with their capabilities residents confirmed/indicated that they were happy with their life in the home and their relationship with staff. Some of the comments made included statements such as:

- “I love it here.”
- “The staff are lovely.”

A homely relaxed ambience was in place with residents observed to be comfortable and at ease with staff.

The senior care assistant confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care.

Discussion with staff confirmed that residents’ spiritual and cultural needs were met within the home.

Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of care records, in that care plans were in place for the management of pain, trigger factors and prescribed care. Issues of assessed need in the progress records, such as pain had a recorded statement of care given with effect(s) of same.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

Staff confirmed that consent was sought in relation to care and treatment.

Discussion staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected. This was evident in how staff interacted and when sharing sensitive information; this was done with discretion and privacy to all. Another example was how residents were able to choose what time to go to bed and rise, and how staff respected this need and acted positively with this.

Staff confirmed that residents were listened to, valued and communicated with in an appropriate manner.

Observation of care practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included care review meetings, residents' representatives meetings and day to day contact with management.

Discussion with staff, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection a group of residents were engaged in a planned activity of craft work and arts. Residents were keen to express their pride, fulfilment and enjoyment with this activity.

Arrangements were in place for residents to maintain links with their friends, families and wider community. Examples of this included trips out to local events, and there were photographs displayed to reflect these outings.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents, listening to and valuing residents and general observations of care practices.

### Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The senior care assistant confirmed that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA. Discussions with the senior care assistant also confirmed that she had good knowledge of residents' needs and prescribed care interventions.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the

Residents' Guide and displayed information on how to complain. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints. It was reported that there have not been any expressions of complaint received for some considerable time.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable 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 reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

An area of improvement was identified in accordance with legislation in relation to reports of visits by the registered provider. Up to date reports of these visits were not available and one visit report (26 February 2018) was recorded as been completed via telephone. These visits must be undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005, with a report produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with staff confirmed that information in regard to current best practice guidelines was made available. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, such as communication with residents and responding to behaviours.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

Inspection of the home confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to management of incidents and maintaining good working relationships.

## Areas for improvement

One area of improvement was identified in respect of this domain. This was in relation to the registered provider's monitoring visits.

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

### 7.0 Quality improvement plan

The one area of improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Amy Darragh, senior care assistant, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 24 July 2018	The registered person shall ensure that visits by the registered provider reports are maintained on an up-to-date basis.  Ref: 6.7
	<b>Response by registered person detailing the actions taken:</b> A programme for Reg 29 has been sent out to all relevant managers to ensure timely completion. If visit has not been done by third week of the month manager will make contact with Quality improvement Lead to ensure visit is completed.

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



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