



Unannounced Care Inspection Report 2 July 2019



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

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 registered residential care home which provides care for up to six residents with a learning disability category of care.

3.0 Service details

Organisation/Registered Provider: Amore (Watton) Limited Responsible Individual(s): Nicola Cooper	Registered Manager and date registered: Lorna King 4 January 2017
Person in charge at the time of inspection: Amy Darragh, senior care assistant	Number of registered places: 6
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 6

4.0 Inspection summary

This unannounced inspection took place on 2 July 2019 from 10.10 to 13.30 hours.

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, teamwork, training, support and their knowledge and understanding of residents' needs and prescribed care interventions. Good practice was also found in relation to the environment, feedback from staff, general observations of care practises and how regulatory documentation was organised.

No areas requiring improvement were identified during this inspection.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff. . Some of the comments included; "I love it here. All the staff are very good to me....I can't think of anything that would make it better" and "The staff are very good to me and kind".

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Amy Darragh, senior care assistant, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent inspection dated 10 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 10 January 2019.

No further actions were required to be taken following the most recent inspection on 10 January 2019

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses from questionnaires were returned in time for inclusion to this report.

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

- staff duty rotas
- staff training schedule and training records
- two residents' records of care
- complaint records
- a sample of governance audits/records
- accident/incident records
- a sample of reports of visits by the registered provider/monthly monitoring reports
- RQIA registration certificate

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 10 January 2019

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

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

Throughout this inspection residents advised and indicated that they felt safe in the home and that staff were responsive to their needs and were kind and supportive.

Staffing

Inspection of the duty rota confirmed that it accurately reflective the staff on duty at the time of this inspection.

The senior care advised that staffing levels were in keeping with resident dependencies and the size and layout of the home. The staffing levels over the 24 hour period were discussed. Discussions with residents and staff confirmed that they felt there was adequate staffing in place to meet residents' needs.

The home has also the support of a housekeeper, cook, administrator, maintenance person and activities co-ordinator, who also share duties with the other nearby registered nursing home.

The senior care assistant acted with competence and confidence throughout this inspection.

Staff induction, supervision and appraisal

Discussions with staff confirmed that any new members of staff have received an induction. An inspection of the programme of supervisions and appraisals found these were being maintained in a regular and up-to-date basis for all staff. Staff spoke positively about this provision.

A sample of a staff member's programme of induction was inspected. This programme was comprehensive and detailed.

A member of staff was undertaking what was known as "KIT" duties which stood for "keeping in touch". This involved coming back to work on a phased basis, following a period of absence, such as maternity leave. This platform help re-orientate staff back into their roles and duties and developments in the home, such as training and new guidance.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. This was being audited on a monthly basis by the registered manager.

Staff training

Inspection of staff training records found that mandatory requirements and additional training areas were being met. A matrix of staff training is in place which identifies when staff have last received their mandatory training and when up-date training is required. This is good practice.

The senior care assistant advised that the provision of training was known as “Foundations for growth” training. This was ELearning training which covered a holistic range of training in the care of residents, as well as mandatory training. Face to face training is also provided for to include areas such as safe moving and handling and dealing with challenging behaviours.

Safeguarding

Discussions with staff confirmed that they had knowledge and understanding of safeguarding principals. Staff were aware of their obligations to report any concerns and advised that they found management to be approachable. They also advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with such appropriately. Staff were knowledgeable of the Health and Social Care Trust’s role in safeguarding and these contacts details were displayed.

Environment

The home was clean and tidy with a high standard of décor and furnishings being maintained.

Residents’ bedrooms were comfortable, spacious and personalised.

Communal areas were nicely facilitated and provided a relaxing space for residents to enjoy the company of one another, if desired.

There was good provision of infection prevention and control aids and equipment throughout the environment. Added to this there was accessible information available to residents, their representatives, visitors and staff on the need for good infection prevention and control practices.

The grounds of the home were very well maintained. There was comfortable, relaxing seating and well-appointed flower beds.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, support and the environment.

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

6.4 Is care effective?

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

Discussions with staff confirmed that they had good knowledge and understanding of residents' needs and prescribed care interventions. Staff also advised that there was good communication and teamwork between staff members for the benefit of residents.

Care records

An inspection of a sample of two residents' care records was undertaken. These records were maintained in line with the regulations and standards. They included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment and risk assessments, for example safe moving and handling, nutrition, falls, were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

There was evidence that residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Signatures of participation in this process were included the care records.

Effectiveness of care

Throughout this inspection there were examples of good delivery and effectiveness of care observed.

One resident talked about feeling distressed the previous night and how staff attended to her in a kind caring manner which alleviated her symptoms. The resident also talked about how she was able to recognise the good support and availability of staff and was grateful for this.

Human rights considerations

A key pad locking system is used in the home for the safety of the residents in regard to their assessed need. The appearance and status of this is unobtrusive in that the environment does not give the appearance of being a "locked unit". This provision has been suitably assessed and documented in individual resident's care records.

Residents' processions were facilitated in their own rooms with some residents choosing to add protection to these by having their own keypad lock to their bedroom. Photographs and personal memorabilia were nicely displayed and encouraged.

Residents were treated with respect, kindness and individuality by all members of staff on duty.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffs' knowledge and understanding of residents' needs, prescribed care interventions and how this impacted on the culture and ethos of the home.

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

6.5 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.

General observations of care practices throughout this inspection found residents were supported in an organised, unhurried manner. Staff interactions with residents were found to be polite, friendly, warm and supportive. A nice homely ambience was in place with residents being comfortable and at ease in their environment and interactions with staff.

Residents' Views

Discussions were undertaken with all the residents in the home at the time of this inspection. In accordance with their capabilities residents confirmed that they were happy with the provision of care, the kindness and support received from staff, the provision of meals and the general atmosphere in the home. Some of the comments included;

- "I love it here. All the staff are very good to me.....I can't think of anything that would make it better "
- "The staff are very good to me and kind"
- "The staff are lovely".

For those residents who could not clearly articulate their views, through body language and cues they were able to indicate positive feedback on their life in the home.

Social needs

There were good provisions of activity aids, equipment and diversional appliances throughout the home. These included games, books, televisions, art work and a pet rabbit.

At the time of this inspection, residents were content and relaxed in their environment, some were enjoying the company of one another at their nearby day care setting and some were relaxing in their bedrooms or grounds.

Areas of good practice

There were examples of good practice in respect of this domain found throughout this inspection in relation to feedback from 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

6.6 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 registered manager, who was on a day off, confirmed via telephone her availability to support the senior care assistant during this inspection, if this was needed. Throughout this inspection staff praised the managerial arrangements, support and direction the home was going.

Monitoring visits

A monthly monitoring visit on the behalf of the responsible individual is undertaken in accordance with regulation. An inspection of the last two reports for April and May 2019 found these reports to be detailed and informative with good evidence of governance. The report of June 2019 visit was yet to be published.

Accidents and incidents

These reports were inspected from the previous inspection on 10 January 2019. All these events were considered to be appropriately managed and reported to the relevant persons/agencies.

Staff views

Staff spoke positively about their roles, duties, and the provision of care, teamwork, support and morale.

Regulatory documentation

Regulatory documentation such as care documentation, audits and policies and procedures were maintained in an organised methodical accessible manner. There was also good accessibility of information and guidance availability for staff.

In seeing how this documentation was organised, this made the senior care assistant's support in this inspection much more at ease, whilst at the same time dealing with her own caring role with residents. This is good practice.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from staff, general observations of care practise pertaining to teamwork and how regulatory documentation was organised.

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

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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