

Unannounced Care Inspection Report 26 January 2021



Trinity House

Type of Service: Residential Care Home (RCH)

Address: 15 Kilrea Road, Coleraine, BT51 5LP

Tel No: 028 2954 8128

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 residential care home registered to provide care for up to 50 residents.

3.0 Service details

<p>Organisation/Registered Provider: Presbyterian Council of Social Witness</p> <p>Responsible Individual(s): Lindsay Conway</p>	<p>Registered Manager and date registered: Jayne Bellingham – 10 April 2018</p>
<p>Person in charge at the time of inspection: Claire Duffin – deputy manager</p>	<p>Number of registered places: 50</p> <p>A maximum of 34 residents in category RC-I (Old age not falling within any other category) and a maximum of 16 residents in category in category RC-DE (Dementia).</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.</p>	<p>Number of residents accommodated in the residential home on the day of this inspection: 48 plus one resident in hospital</p>

4.0 Inspection summary

An unannounced inspection took place on 26 January 2021 from 09.50 to 14.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during this inspection:

- staffing
- safeguarding
- the home's environment
- Infection Prevention and Control (IPC)
- care delivery
- care records
- fire safety
- governance and management.

Feedback from residents during this inspection was positive and complimentary about their experiences of life in the home.

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 Claire Duffin, deputy manager, as part of the inspection process and can be found in the main body of the report.

5.0 How we inspect

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

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

During the inspection the inspector met with 25 residents and eight staff. Questionnaires and “Tell Us cards” were also left in the home to obtain feedback from residents and residents’ representatives.

The following records were examined during the inspection:

- duty rotas
- staff competency and capability assessment
- staff induction records
- staff recruitment record
- professional registration records
- fire safety risk assessment
- fire safety records
- five residents’ care records
- Regulation 29 monthly quality monitoring reports
- a selection of quality assurance audits
- complaints records
- staff training records
- incident and accident records.

The one area of improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to Claire Duffin, deputy manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 7 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that care plans are developed for short term conditions such as infections which require treatment.	Met
	Action taken as confirmed during the inspection: A folder containing care plans for short term conditions such as infections has been put in place appropriately.	

6.2 Inspection findings

6.2.1 Staffing

An inspection of the duty rota confirmed that it accurately reflected details of all staff working in the home. The deputy manager reported that any member of staff who is in charge of the home in her absence of the manager has been assessed as competent and capable of doing so. A sample of one of these assessments found this to be suitably in place. A sample of a record of staff induction found this record to be appropriately in place.

A recruitment checklist is received from the organisation's human resource department and verified by the manager. This checklist details that staff are recruited in accordance with legislation. A sample of two of these checklists confirmed this to be maintained appropriately.

Inspection of the professional registrations for staff confirmed that all staff have an up-to-date registration with the Northern Ireland Social Care Council (NISCC). The manager audits these registrations on a monthly basis.

Staffing levels at the time of this inspection were found to be in keeping with the number and dependencies of residents accommodated and the size and layout of the home. Staff spoke in positive terms about their roles and duties, the provision of care, staffing levels, training and managerial support. Two members of staff made the following comments about their views of working in the home;

- “This is the best job I ever had. The residents are super special.”
- “It’s a fantastic place to work. Everyone is so helpful and that’s what it takes to keep it this standard.”

6.2.2 Safeguarding

The deputy manager demonstrated a good knowledge of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned Health and Social Care Trust, who would be contacted, what documents would be completed and how staff would assist and co-operate in any subsequent investigations. Staff also declared their knowledge and understanding of the whistleblowing policy and stated that they would have no hesitation in reporting any concerns and felt management would act positively on such information.

Inspection of staff training records confirmed that staff safeguarding training was maintained in an up-to-date basis.

6.2.3 The home’s environment

The home was clean and tidy with a high standard of décor and furnishings being maintained. Residents’ bedrooms were tastefully furnished and nicely personalised. Communal areas were spacious and suitably maintained. Bathrooms and toilets were clean and hygienic.

The grounds of the home were very well maintained.

6.2.4 Infection Prevention and Control (IPC)

Protocols were in place to accommodate visiting, including visiting professionals, in line with current guidelines. There was also good documentation pertaining to information and the management of the COVID-19 pandemic. This was regularly updated and disseminated to staff.

Observations of care practices, discussions with staff and inspection of IPC audits confirmed that there were good IPC measures in place. Staff were knowledgeable in relation to best practice guidelines with hand-washing and use of Personal Protective Equipment (PPE).

There were a good supply of PPE and hand washing sanitising gel at the entrance of the home and throughout accessible areas of the home. Signage was available in the home to relay information on IPC and COVID-19.

Social distancing with residents was in place as per their wishes and choice.

6.2.5 Care delivery

Residents were clearly comfortable and content in their environment and interactions with staff. Staff interactions with residents were polite, warm, friendly and supportive. Frailer residents were seen to be regularly attended to.

Staff sought consent with residents with personal care tasks in statements such as “Would you like to...” or “How about ...” Staff were also seen to knock residents’ bedroom doors and to seek permission of entry.

Residents were keen to express their praise and gratitude for the provision of care, the kindness and support received from staff, the provision of meals and the provision of activities. Some of the comments made included statements such as;

- “We are very blessed to be here. Everything is simply wonderful, the staff, the company and the meals.”
- “Jane (the manager) is wonderful and not afraid to do any job and knows everything that is going on. I can’t praise her enough.”
- “I am very happy here in every way.”
- “I hope you’re going to write a good report about here.”
- “I have no difficulties what-so-ever here.”
- “It’s brilliant here. I am very happy.”
- “Everybody is so good to us.”
- “The staff are wonderful and kind.”
- “The food is so good and always a great choice.”
- “We’re very fortunate to be here and to have such lovely staff looking after us. There is always plenty to do each day and I enjoy the activities.”
- “You couldn’t complain about a thing. The food is beautiful and Brian (the Chef) and his staff take care of us greatly that way.”

Care duties and tasks were organised and carried out in an unhurried person centred manner. The lunch time meal was nicely presented and looked appetising with good availability of choice.

6.2.6 Care records

A sample of five residents’ care records were inspected on this occasion. These records were maintained in comprehensive detail. The records gave a holistic assessment of the resident from which the care plan and interventions were based on. These details were clear and concise and had evidence of the resident and / or their representative being involved in this process, including input from aligned healthcare professionals.

Progress records were well written with good detail, including care / treatment given in response to issues of assessed need and effects of same.

6.2.7 Fire safety

The fire safety risk assessment was reported to be scheduled to be done the following day, 27 January 2021. There were no outstanding actions from the previous fire safety risk.

Fire safety training and fire safety drills were found to be maintained on an up-to-date basis. Fire safety checks in the environment were also found to be maintained on an up-to-date basis.

6.2.8 Governance and management

The home has a defined management structure.

The last two months’ Regulation 29 reports for 25 November 2020 and 16 December 2020 were inspected. These reports were well written with evidence of good managerial oversight of the home.

Discussions with the deputy manager and inspection of the records of complaints confirmed that expressions of dissatisfaction are taken seriously and managed appropriately. A senior care staff member described how empathy and understanding was also used in resolving issues of dissatisfaction with positive effect.

Staff training records were well maintained and contained evidence that staff mandatory training and additional training was being maintained on an up-to-date basis. There were systems in place to identify and address areas of training that needed updating with staff.

The accident and incident reports from 1 April 2020 to date of this inspection were inspected. These events were found to be managed appropriately and reported to the relevant stakeholders. Monthly audits of accidents and incidents to establish if there are any trends or patterns are carried out.

Quality assurance audits were available in relation to the professional registrations of staff, IPC and the environment, care records and residents 'satisfaction surveys.

Areas of good practice

Areas of good practice were found in relation to staffing, the upkeep and comfort of the environment, care practices observed and feedback from residents and staff.

Areas for improvement

There were no areas for improvement identified during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Residents were comfortable and content and care was delivered in a person centred basis. There was a nice atmosphere and ambience which promoted both sociability and peace. Staff duties and care practices were well organised with evidence of good cohesive team working.

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.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)