The Regulation and Quality Improvement Authority

Inspection Report

30 April 2024

Trinity House

Type of service: Residential
Address: 15 Kilrea Road, Coleraine, BT51 5LP
Telephone number: 028 2954 8128

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Presbyterian Council of Social Witness **Registered Person/s OR Responsible Individual** Dermot Parsons	**Registered Manager:** Natasha Elder - acting
Person in charge at the time of inspection: Natasha Elder	**Number of registered places:** 50 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 RC-DE (Dementia).
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	**Number of residents accommodated in the residential care home on the day of this inspection:** 44
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 50 residents. The home is located on one level and is registered to provide care for residential care and residents with dementia.	

2.0 Inspection summary

An unannounced inspection took place on 30 April 2024, from 10.15 am to 5.15 pm by a care inspector.

The inspection focused on areas for improvement identified in the home since the last care inspection; staff arrangements, care records and the environment.

The home was bright and welcoming. Residents were seated comfortably in communal areas across the home. Residents bedrooms were bright and spacious, personalised to each individual's preferred choice.

It was evident that staff promoted the dignity and well-being of residents. Staff were observed offering residents choice and supporting them in a relaxed and compassionate manner.

Residents generally provided positive feedback about their experiences of residing in the home. Other comments shared by residents are included in the main body of the report.

Staff shared mixed feedback regarding their experiences of working in the home. This is discussed in the main body of the report.

Three new areas for improvement were identified relating to; staff knowledge of Adult Safeguarding, medication care plans and the appropriate storage of medication.

The findings of this report will provide the 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 was observed and how staff went about their work.

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 at the conclusion of the inspection.

4.0 What people told us about the service

Residents generally provided positive feedback about their experiences of living in the home. One resident told us, “I find the staff attentive.” Another resident said, “I think we are well cared for.” Residents shared mixed feedback regarding activities in the home, this was shared with the management team for review.

Some residents told us staffing levels could be improved. These comments were shared with the manager. This is detailed further in Section 5.2.1.

Relatives of residents who were visiting on the day of inspection provided positive feedback about the home and the care their relatives were receiving. Relatives told us staff were approachable and attentive to residents. One relative told us, staff are “open, honest and communicative.”

Staff generally told us that they enjoyed working in the home and that they received support from the manager. Other comments were shared by staff relating to changes in shift patterns and staffing levels. This is detailed further in section 5.2.1.

Three questionnaires were received from relatives of residents in the home. The feedback provided was positive reporting the care as; safe, supportive and staff as caring and overall, provided the care that was required. Comments shared in the feedback included; “I’m very pleased with the care that has been given” and “I am content that my family member is being looked after.” No questionnaires were completed by residents within the agreed timeframes and no staff completed the staff survey within the agreed timeframes.

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 14 November 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 19 (1) (a) Schedule 3 (k)	The registered person shall ensure that a contemporaneous record is kept of the care delivered to each individual resident, with particular reference but not limited to: • Personal care • Bed linen changes	**Not met**

Stated: First time	**Action taken as confirmed during the inspection**: There was evidence of some improvements in the recording of daily records. However, further improvements were required to ensure these are reflective of all aspects of the care delivered to residents for example; nail care. This was discussed with the management team. This area for improvement was not met and will be stated for a second time.	
Area for improvement 2 **Ref:** Regulation 14 (2) (a) **Stated:** First time	The registered person shall ensure that all areas of the home to which residents have access are kept free from hazards to their safety. This is with specific reference to: • The safe storage of denture cleaning tablets • The safe storage of prescribed creams	**Not met**
	Action taken as confirmed during the inspection: There was evidence of denture cleaning tablets and prescribed creams/washes stored in unlocked cabinets accessible to residents. A discussion took place with the management team and this area for improvement was not met and will be stated for a second time.	
Area for improvement 3 **Ref:** Regulation 27 (4) (d) (i) and (v) **Stated:** First time	The registered person shall ensure the practice of propping and wedging doors is ceased immediately.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 **Ref:** Regulation 30 (1) (g) **Stated:** First time	The registered person shall ensure all allegations of misconduct are notified to RQIA in a timely manner.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 **Ref:** Standard 29.1 **Stated:** Second time	The registered person shall seek to put in place an up-to-date fire safety risk assessment with a subsequent action plan to address any recommendations made from this assessment.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Standard 23 **Stated:** First time	The registered person shall ensure staff compliance with mandatory training.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 **Ref:** Standard 28 **Stated:** First time	The registered person shall ensure the home is maintained in a safe manner, this is with specific reference to the need for supervision of cleaning trolleys.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 **Ref:** Standard 33 **Stated:** First time	The registered person shall ensure that prescribed gel creams are managed and care planned for in accordance with the prescribing practitioner's instructions.	**Partially met**
	Action taken as confirmed during the inspection: There was evidence of improvements in the management of prescribed gel creams throughout residents care records, however; the purpose of use was not always reflected in residents care plans. This area for improvement has been partially met and will be stated for a second time.	

Area for improvement 5 **Ref:** Standard 29.6 **Stated:** First time	The registered person shall ensure all staff have participated in at least one annual fire drill and that a record is maintained.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements & Care records

Staff provided mixed feedback regarding staffing levels in the home; some staff told us there was not enough staff working in the home. The management team provided assurances that staffing levels are kept under ongoing review and following a recent recruitment drive, additional staff have been recruited. This will be reviewed during a future inspection.

Residents generally provided positive feedback about the staff and the care provided to them. Residents said staff were mostly approachable and attentive to their needs. Comments regarding staffing levels were shared with the management team for action as appropriate.

There was evidence of systems in place to ensure staff were trained and supported to do their job. Discussions with staff regarding Adult Safeguarding reporting arrangements evidenced staff were not always able to clearly demonstrate the actions required in the event an incident occurred out of hours. A discussion took place with the management team and an area for improvement was identified.

There was evidence that residents with prescribed creams did not always have a care plan in place to reflect the purpose of this to direct the care required. This was discussed with the management team. The previous area for improvement identified has not been met and will be stated for a second time.

One resident was observed not complying with medication, this was not clearly reflected in the resident's care plans. This was discussed with the management team and an area for improvement was identified.

5.2.2 The Environment

Observation of the homes environment evidenced that the home was clean, tidy and well maintained. Residents bedrooms were personalised with items important to the individual.

There was evidence of residents now having access to a lockable cabinet however, these were not always locked and a number of cabinets were observed to have access to denture cleaning tablets and prescribed cream washes. This was discussed with the management team for

immediate action. The previous area for improvement identified has not been met and will be stated for a second time.

There was evidence of pain medication stored in one resident's bathroom in an unlocked cabinet. This was discussed with the management team for immediate action and an area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The manager evidenced a system was in place to monitor and ensure staff attendance at a fire drill at least annually. The previous area for improvement identified relating to this was met.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
Total number of Areas for Improvement	2*	4*

* the total number of areas for improvement includes two regulations and one standard that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Natasha Elder, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 19 (1) (a) Schedule 3 (k) **Stated:** Second time **To be completed by:** 14 December 2023	The registered person shall ensure that a contemporaneous record is kept of the care delivered to each individual resident, with particular reference but not limited to: • Personal care • Bed linen changes Ref: 5.1
	Response by registered person detailing the actions taken: Care staff are allocated particular residents at the commencement of each shift; it is easy to identify who is responsible for personal care. The Senior in Charge of each shift now reviews all of the personal care records prior to the end of their shift and satisfy

	themselves all personal care has been recorded. They will address any gaps in the records within the same shift timeframe. The Manager/Deputy Manager now reviews a sample of personal care records weekly. The Manager/Deputy Manager will address gaps immediately. The Senior in Charge ensures at all times any agency staff member is aware of the requirement to complete the records fully.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) **Stated:** Second time **To be completed by:** 14 December 2023	The registered person shall ensure that all areas of the home to which residents have access are kept free from hazards to their safety. This is with specific reference to: • The safe storage of denture cleaning tablets • The safe storage of prescribed creams Ref: 5.1 & 5.2.1
	Response by registered person detailing the actions taken: The daily walk around is a mandatory requirement to be completed by the Manager, or, in her absence, the Deputy or Senior in Charge. A full record is kept of this walk around and any issues are highlighted in the shift safety huddle and at the following handover, including management of any accessible creams/denture cleaning tablets. The allocation of tasks at the start of each shift have been amended to include care staff allocated to specific wings of the service, and to check periodically through the day for any creams/tablets in those rooms in which residents retain their own. Any resident who lacks capacity in this area has a safe and secure system for the storage of creams and tablets and does not have access to these at any time.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	

Area for improvement 1 **Ref:** Standard 33 **Stated:** Second time **To be completed by:** From the date of inspection (14 November 2023)	The registered person shall ensure that prescribed gel creams are managed and care planned for in accordance with the prescribing practitioner's instructions. Ref: 5.1
	Response by registered person detailing the actions taken: All TMARS records have been reviewed and updated. All Care Plans have had a skin care section added and these detail the prescribed creams and the practitioners instructions for use. All TMARS and associated Care Plans will be reviewed by the Senior Keyworker responsible for the file, monthly or at any time the prescription has changed.
Area for improvement 2 **Ref:** Standard 16.3 **Stated:** First time **To be completed by:** 28 May 2024	The registered person shall ensure staff are suitably trained to report and take action with regards to Adult Safeguarding. This is with specific reference to incidents which occur out of hours. Ref: 5.2.1
	Response by registered person detailing the actions taken: Adult safeguarding training compliance is at 90% with a further 8% additionally registered as new starts and completing their induction, which does include this training. The Manager/Deputy Manager will ensure the Safeguarding Resource file is kept up to date, is available to all staff and is promoted as a tool for use. Safeguarding is an agenda item for all team meetings and supervisions. Safeguarding case studies have been provided to the Service and will be discussed at team meetings, led by the service Manager. The NHSCT safeguarding training video resource will be used at the next full team meeting in June, accompanied by a safeguarding session delivered by the Interim Head of Safeguarding for PCI. The Manager/Deputy Manager will encourage a culture of safeguarding in the Service, using handovers and safety huddles daily to ensure this is on the agenda to encourage confidence and knowledge.

Area for improvement 3 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** From the date of inspection (30 April 2024)	The registered person shall ensure that the level of support required with medication administration is reflected in individual's care plans. Ref: 5.2.1
	Response by registered person detailing the actions taken: All care plans have had medicines management added, and clearly state the support required for medicines administration for each individual. These will be reviewed monthly by the Senior keyworker responsible for the file, or at any time the prescription is changed, or a resident becomes unwell. A care plan audit is conducted monthly by the service manager/deputy manager.
Area for improvement 4 **Ref:** Standard 32.1 **Stated:** First time **To be completed by:**	The registered person shall ensure that medications are stored safely and securely in line with the statutory and manufacturer's requirements. Ref: 5.2.2
	Response by registered person detailing the actions taken: All medicines (except for those residents who self administer) are stored securely in cupboards in the treatment rooms, which are locked at all times. Medicines trolleys are locked at all times when not in use and are never left unattended when outside the treatment room. Residents who self adminisiter medications have a locked facility in their room to store medications. Residents who self adminisiter have a risk assessment and all required documentation in place. Residents who self administer will have a weekly one to one with their aligned Senior key worker to ensure they have the opportunity to review their self administration process; this should be recorded and any storage issues addressed immediately. Daily walk arounds by the service management must pay particular attention to areas of the home in which they know medicines are being managed outside of the treatment room.

	Staff will share immediately with the person in charge if they are working in a resident's room and they observe medicines or creams are not stored correctly. This must be recorded. The person in charge of the shift safety huddle must enquire if staff have anything to report regarding their observations of medicines or creams around the service.

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

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care