

Unannounced Care Inspection Report 1 October 2020



The Sperrins Residential Home

Type of Service: Residential Care Home
Address: c/o Melmount Manor Care Centre, 1 Orchard
Road, Strabane, BT82 9QR
Tel No: 028 7138 3990
Inspector: Laura O'Hanlon

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 12 residents.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd Responsible Individual: Christopher Walsh	Registered Manager and date registered: Annie Frobisher - 14 May 2018
Person in charge at the time of inspection: Annie Frobisher	Number of registered places: 12
Categories of care: Residential Care (RC) DE – Dementia	Number of residents accommodated in the residential home on the day of this inspection: 12

4.0 Inspection summary

An unannounced inspection took place on 1 October 2020 from 09.40 to 18.40 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. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) practices
- care delivery
- care records
- environment
- governance and management arrangements

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	5	5

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Annie Frobisher, manager, and Christopher Walsh, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

A meeting was held in the RQIA offices on 14 October 2020 to discuss the outcomes of the inspection in detail. This meeting was attended via video conference by the manager and Christopher Walsh, responsible individual. At this meeting RQIA were provided with plans to address deficits which had been noted during this inspection in relation to infection prevention and control practices; staffing arrangements; and managerial oversight / governance arrangements. An action plan with timeframes was submitted to RQIA following the meeting.

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 previous care inspection report.

During the inspection the inspector met with 11 residents and three staff.

A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell Us' which were then placed in a prominent position to allow residents and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- Staff duty rotas
- staff training records
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the Regulation 29 monitoring reports
- records confirming staff registration with the Northern Ireland Social Care Council (NISCC)
- 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 previous inspection

No further actions were required to be taken following the most recent inspection on 14 January 2020.

6.2 Inspection findings

6.2.1 Staffing

During the inspection we could see that residents' needs were met promptly by the staff on duty. The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated; the manager further stated that staffing levels would be adjusted when needed. Discussion with the residents and staff confirmed that they were satisfied with the staffing arrangements in the home.

Staff were knowledgeable about the needs of the residents and were seen to speak to them kindly and with warmth. Staff told us that teamwork was good and that the management team was both supportive and approachable. Staff spoken with commented positively on their work in the home; some comments included:

- "There is good care provided in this home. We try to keep the standard of care very high so that everyone's needs are met. There is adequate staff on duty."
- "Staff morale is grand and we all help each other out. There is good team work and support; everyone supports each other. The staffing is adequate. The manager is visible every day; she is easily approached. The residents are well cared for."

We could see that the duty rota accurately reflected the staff working in the home. However, a review of the duty rota highlighted a number of deficits, specifically: it did not contain the full names and grades of all staff on duty and the person in charge was not identified. In addition, there was an entry on the rota of hours having been worked, but the staff name was not recorded against this. This was identified as an area for improvement.

During the inspection we asked for the competency and capability assessments for the person in charge of the home in the absence of the manager. These were unavailable. This was identified as an area for improvement.

We reviewed the system in place to check that staff were registered with the appropriate regulatory body. The record made available for inspection was dated 23 July 2020. Following review of this record we noted that it did not include registration expiry dates for each registrant listed. This was identified as an area for improvement.

Review of the staff training matrix evidenced that while it provided an overview of training having been completed by staff, these records also included those staff employed within the adjacent nursing home. These training records were therefore unclear and did not assure the inspector in regard staff compliance with mandatory training. This was identified as an area for improvement.

The responsible individual attended a meeting with RQIA via video teleconference on 14 October 2020 to discuss these aspects of governance oversight, and their plans to address these identified shortfalls. During this meeting, the responsible individual provided assurances that these matters would be addressed. An action plan with timeframes was submitted to RQIA following this meeting to confirm the above actions. Implementation of this action plan will be reviewed at a future care inspection.

6.2.2 Infection prevention and control practices

Signage had been erected at the entrance to the home to reflect the current guidance in regard to infection prevention and control practices relating to COVID-19. Anyone entering the home were required to have a temperature and symptom check completed; use hand sanitiser and don the recommended Personal Protective Equipment (PPE) which was available. The manager confirmed that an enhanced cleaning schedule was in operation and that deep cleaning was carried out as necessary.

The staff had identified changing facilities where they could put on their uniform and the recommended PPE before entering the area they were working in. PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained in the home. Overall, most staff used PPE according to the current guidance however we did observe some staff wearing their mask inappropriately. This was brought to the attention of the manager for appropriate action.

We noted a number of concerns in regard to the management of IPC within the environment. Examples of this included: areas of the home were observed to be stained and unclean, in particular, resident toilet areas; sensor mats were unclean; there was an odour in two identified en-suite bathrooms and unused continence products were observed lying open on the floor of the laundry room. We observed a continence product in a resident's en-suite bathroom sink for a lengthy period of time. There were no bins available in ensuite bathrooms for residents to use. This was identified as an area for improvement. The responsible individual informed RQIA following the inspection that the identified malodour may have been due to the home's sewage system being blocked by staff flushing patient wipes down toilets; it was noted that arrangements are now in place to ensure that the sewage system is appropriately attended to on a three weekly basis. RQIA was further informed by the responsible individual that bins are now in residents' en-suites.

Current staffing arrangements in regard to domestic services is discussed further in section 6.2.5.

6.2.3 Care delivery

We observed that residents looked well cared for; they were well presented and neatly dressed. It was obvious that staff knew the residents well; they spoke to them in a reassuring tone and were very attentive. We observed where one member of staff effectively redirected a resident and deescalated a situation quickly.

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was suspended due to the current pandemic. The care staff assisted residents to make phone or video calls with their families in order to reassure relatives that their loved one was well. Window visits with residents and relatives were also facilitated.

We observed some residents engaged in activities. The activity therapist was discussing the headlines from a local newspaper while stimulating some reminiscence and memories. Following this, the activity therapist spent time with individual residents who preferred not to engage in a group setting.

We observed staff offering choices to the residents. Residents were involved in choosing their clothing or selecting their meals. Residents were able to explain that a choice of meal is offered

and that an alternative would be available if this was required. The residents commented positively on the food provided in the home. Comments made by residents included:

- “This is a great place.”
- “The food is brilliant.”
- “The staff are so kind.”
- “We always have a laugh in here.”
- “I feel safe in my bed, my bed is warm and comfortable.”
- “This is a great home, you get everything you want. It’s clean and you could eat your dinner off the floor. The staff are very kind.”

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. Staff were helpful, attentive and demonstrated their knowledge of residents’ dietary preferences. Support and assistance was provided to residents during this mealtime, as required. However, we noted that where residents preferred to have their main meal in their bedroom, their meal was not covered while being delivered by staff. This was identified as an area for improvement.

6.2.4 Care records

We reviewed three care records. The records were written in a professional manner and used language which was respectful of residents. The records of assessments, care plans and risk assessments were completed and reviewed on a regular basis. Care plans were reflective of the needs of the residents and updated to reflect recommendations from the multi-disciplinary team and current guidance. Risk assessments including the management of falls were also present.

Review of the progress notes confirmed that there was a recorded effect of care and treatment provided in the home.

Following the review of one resident’s care records it was agreed that the manager should request a meeting with the relevant Health and Social Care Trust (HSCT) and any other relevant parties to review the appropriateness of the home in regard to meeting the resident’s long term care needs.

6.2.5 Environment

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, lounges, dining areas and storage areas.

Residents’ bedrooms were found to be personalised with items of memorabilia and special interests. Walkways throughout the home were kept clear and free from obstruction. We noted some items of furniture that was damaged. This was discussed with the manager who advised that these items were already identified for replacement.

We identified a number of concerns in relation to the cleanliness of the environment as discussed in section 6.2.2. We noted that the domestic staff do not commence their cleaning duties in the home until 14.00 hours and that there is no domestic provision each morning as a result; we discussed this with the responsible individual following the inspection who advised that a domestic would be commenced to work within the home from 0800 hours to 1400 hours daily. An area for improvement was identified.

The responsible individual attended a meeting with RQIA via video teleconference on 14 October 2020 to discuss these environmental deficits. During this meeting, the responsible individual provided assurances that the shortfalls highlighted in relation to the environment were being actioned and that the cleanliness of the home was now being prioritised. An action plan with timeframes was submitted to RQIA following this meeting to confirm the above actions. Implementation of these actions will be reviewed at a future care inspection

6.2.6 Governance and management arrangements

Discussion with the manager and staff confirmed that there is a management structure within the home and the manager was available throughout the inspection process. All staff spoken with commented positively about the manager and described her as supportive and approachable. One comment from staff was:

- “The manager is visible every day; she always asks about the staff and the residents. She is very easily approached.”

A system of audits was in place in the home. Examples of such audits reviewed were, hand hygiene, availability of PPE and the environment. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

A review of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction or complaint were taken seriously. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome. However, we noted that individual complaint records were not signed off by the manager. This was discussed with the manager and identified as an area for improvement to help ensure that complaints are effectively reviewed by the manager and used to identify any future learning for staff.

We reviewed the records of accidents and incidents. We noted a number of incidents where RQIA were not informed despite medical advice or attention having been sought. Also, we could not always confirm that the residents' next of kin or care manager was informed. Review of records highlighted one incident concerning an unwitnessed fall that had occurred; while the manager assured the inspector that staff had responded appropriately to the incident, there was no record of medical advice being sought by staff. In addition, we identified a number of incidents relating to one resident whose behaviours staff may find challenging RQIA were not informed of these. These deficits were discussed with the manager and identified as an area for improvement.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The report of the visit dated 25 August 2020 and 22 July 2020 was provided. Review of these reports noted that they did not include the shortfalls highlighted during the inspection. RQIA was therefore not assured that these reports provided sufficient detail to promote effective managerial oversight and drive necessary improvements relating to service provision / care delivery. An area for improvement was made in this regard.

The responsible individual attended a meeting with RQIA via video teleconference on 14 October 2020 to discuss these shortfalls in regard to governance oversight within the home. During this meeting, the responsible individual advised that management arrangements which span and have responsibility for both the residential and nursing services on the shared site,

have been reviewed resulting in the appointment of new senior staff and additional training being considered for care staff. The responsible individual and manager both agreed that these developments would allow the manager greater time to oversee care delivery within both the residential and nursing services. An action plan with timeframes was submitted to RQIA following this meeting to confirm the above actions.

Areas of good practice

Evidence of good practice was found in relation to maintaining residents' dignity and privacy. We observed friendly, supportive, compassionate and caring interactions by staff towards residents.

Areas for improvement

New areas for improvement were identified in relation to: the staff duty rota; competency and capability assessments; infection prevention and control; accidents and incidents; Regulation 29 reports; staff registration with NISCC; staff training; transportation of meals; domestic arrangements in the home and management of complaints.

	Regulations	Standards
Total number of areas for improvement	5	5

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a respectful manner. We observed positive interactions between staff and the residents.

A meeting was held in the RQIA offices on 14 October 2020 to discuss the outcomes of the inspection in detail. This meeting was attended via video conference by the manager and Christopher Walsh, responsible individual. At this meeting RQIA were provided with plans to address deficits which had been noted during this inspection in relation to infection prevention and control practices; staffing arrangements; and managerial oversight / governance arrangements. An action plan with timeframes was submitted to RQIA following the meeting.

New areas for improvement were identified and are outlined in the body of this report.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Annie Frobisher, manager, and Christopher Walsh, responsible individual, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 (2) Schedule 4 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that the staff duty roster</p> <ul style="list-style-type: none"> • is maintained on an up to date basis • identifies the person in charge of the home in the absence of the manager • records the full names and grades of staff <p>Ref: 6.2.1</p>
	<p>Response by registered person detailing the actions taken: The acting home manager has undergone training in relation to the management of the off duty to ensure that the identified areas within this Area for Improvement are addressed</p>
Area for improvement 2 Ref: Regulation 20 (3) Stated: First time To be completed by: 15 October 2020	<p>The registered person shall ensure that competency and capability assessments are completed for any person in charge of the home in the absence of the manager. These records should be available for inspection.</p> <p>Ref: 6.2.1</p>
	<p>Response by registered person detailing the actions taken: Competency and capability assessments have been undertaken with the Senior in Charge of the Home. Further training into aspects of adverse incident management, staff management and dealing with governance arrangements are planned for the new year</p>
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: 15 October 2020	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This should include:</p> <ul style="list-style-type: none"> • any equipment used by residents • address identified malodours • continence products should be appropriately stored • bins should be provided in ensuite bathrooms • ensure that food is appropriately covered when being delivered by staff to/from residents' bedrooms <p>Ref: 6.2.2</p>
	<p>Response by registered person detailing the actions taken: The acting home manager has put in place systems to address deficits noted in the inspection. This has included meeting with</p>

	relevant staff and the completion of staff awareness through meetings and spot checks. The malodours identified were sourced and regular drain cleaning was initiated. Bins were purchased and installed. The acting home manager is taking responsibility for the review of monthly accidents and staff have been reminded of their responsibilities in regard to the management and treatment of falls. The new falls policy is available within the Home
Area for improvement 4 Ref: Regulation 30 (1) (d) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that RQIA are informed of any event in the home which affects the care, health, welfare or safety of any resident. In addition, the next of kin, medical staff and care manager should also be informed, as necessary. All accidents and incidents should be appropriately managed. Ref: 6.2.6
	Response by registered person detailing the actions taken: The acting home manager is taking responsibility for the review of monthly accidents and staff have been reminded of their responsibilities in regard to the management and treatment of falls. The new falls policy is available within the Home
Area for improvement 5 Ref: Regulation 29 (1) Stated: First time To be completed by: 31 October 2020	The registered person shall ensure that Regulation 29 monitoring reports are completed robustly and contain sufficient detail to promote effective managerial oversight and drive necessary improvements relating to service provision / care delivery. Ref: 6.2.6
	Response by registered person detailing the actions taken: A review and discussion with the team has reflected upon the content and scope of the monthly monitoring visit. Specifically the importance in seeking the views of residents and relatives who are able and willing to express feedback. Reflection on the areas of focus from this and other recent inspections has enabled a review of the process and completion of the monitoring visit within the Home. Reports are now sent to the Acting Home Manager and when responses are received they are reviewed by the RI and returned with specific comments

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 20.10 Stated: First time To be completed by: 15 October 2020	<p>The registered person shall that an effective system is implemented and monitored for managing the professional registration of all staff at all times in accordance to their job role.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Registration records are reviewed on a monthly basis and will be signed off by the acting home manager. The rgistration records for this Home are now kept separate from the Manor Nursing Home's registration checks</p>
Area for improvement 2 Ref: Standard 23.6 Stated: First time To be completed by: 29 October 2020	<p>The registered person shall ensure that an accurate and clear record is kept in the home in regard to staff training and provides effective overview of such training at all times.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: The training matrix for the residential home has been split from the matrix for the manor nursing home to ensure that clear and accurate records are maintained</p>
Area for improvement 3 Ref: Standard 12.9 Stated: First time To be completed by: 2 October 2020	<p>The registered person shall ensure that all meals are covered during transportation.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Staff have been instructed in the transportation of food covered within the Home and the acting home manager will review this during spot checks.</p>
Area for improvement 4 Ref: Standard 25.4 Stated: First time To be completed by: 15 October 2020	<p>The registered person shall ensure that staffing arrangements facilitate the effective provision of domestic services within the home at all times.</p> <p>Ref: 6.2.2 and 6.2.5</p> <p>Response by registered person detailing the actions taken: A new staffing quota for the Sperrins has been implemented and additonal hours provdied to facilitate the cleaning in the Home. Meetings were conducted with domestic staff and updated training on COSHH products</p>

Area for improvement 5 Ref: Standard 17.10 Stated: First time	The registered person shall ensure that complaints are effectively reviewed and signed by the manager when completed and that identified learning is disseminated to staff, as appropriate. Ref: 6.2.6
To be completed by: 2 October 2020	Response by registered person detailing the actions taken: The acting Home Manager has been advised in the regional definition of a complaint and supported in the management of complaints within the scope of her role. An audit of complaints received within the Home will be created and reviewed monthly to ensure that themes and learning are generated.

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



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
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care