

Inspection Report

23 June 2021



The Sperrins Residential Home

Type of service: Residential Care Home
Address: c/o Melmount Manor Care Centre, 1 Orchard Road,
Strabane, BT82 9QR
Telephone number: 028 7138 3990

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd Responsible Individual: Mr Christopher Walsh	Registered Manager: Mrs Hayley Philips – not registered Date registered: Registration pending
Person in charge at the time of inspection: Mrs Hayley Philips	Number of registered places: 12
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 11
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 12 persons. The home provides care for people with dementia. There is also a registered Nursing Home under the same roof. Residents have access to communal lounges, a dining room and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 23 June 2021 between 09.45 am and 4.00pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was found to be clean and maintained to a good standard. Resident bedrooms were observed to be warm and personalised with items of memorabilia.

Staff were seen to be professional and polite as they conducted their duties and told us that they were supported in their roles with training and resources.

Residents were seen to be well looked after. There was clear evidence of attention to personal care and dressing and for those residents who required assistance with mobility and meals; this was provided by staff in a prompt and compassionate manner.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

One area requiring improvement was identified in relation to staff recruitment.

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

The findings of this inspection provided RQIA with assurance that care delivery and service provision within The Sperrins Residential Home was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the manager 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 residents and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. 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.

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.

At the end of the inspection the manager was provided with details of the findings.

4.0 What people told us about the service

We met with 11 residents and three staff either individually or in small groups.

Residents told us that the food was "really good and that here was always plenty to eat." They described staff as "very kind." and said that there was enough staff available and that they get help and assistance when they need it. Observation during the inspection indicated that residents' needs were met.

Residents were observed taking part in various activities which they enjoyed very much. Visiting arrangements in the home were ongoing and one resident described how they looked forward to the visits from their loved ones.

Staff spoke positively about working in the home and advised there was good team work within the home. Staff spoken with said “there is a good standard of care provided and the care is safe.”

No responses to the resident/relative questionnaires or staff questionnaires were received.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to The Sperrins Residential Home was undertaken on 1 October 2020 by a care inspector.

Areas for improvement from the last inspection on 01 October 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) Schedule 4 Stated: First time	The registered person shall ensure that the staff duty roster <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 	Met
	Action taken as confirmed during the inspection: A review of the staff duty rota confirmed that it accurately reflected the staff on duty; the person in charge was clearly identified and the the full names and grades of staff were recorded.	
Area for improvement 2 Ref: Regulation 20 (3) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Two staff competency and capability assessments were reviewed which confirmed they were completed for any person in charge of the home in the absence of the manager.	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<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>Action taken as confirmed during the inspection: An inspection of the environment and observations during the inspection confirmed that all of the above matters were addressed.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 30 (1) (d)</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: A review of the records of accidents and incidents confirmed that these were appropriately managed and reported.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 29 (1)</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: Reviews of the reports of visits completed in April, May and June 2021 confirmed that these ensured effective oversight and were completed in detail in order to promote and drive necessary improvements in the home.</p>	<p>Met</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 20.10 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of the records of professional registration confirmed that the manager has oversight of this on a monthly basis.	
Area for improvement 2 Ref: Standard 23.6 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of the records of staff training confirmed that a clear record was maintained with effective oversight by the manager.	
Area for improvement 3 Ref: Standard 12.9 Stated: First time	The registered person shall ensure that all meals are covered during transportation.	Met
	Action taken as confirmed during the inspection: Observations during the inspection confirmed that all meals were covered during transportation.	
Area for improvement 4 Ref: Standard 25.4 Stated: First time	The registered person shall ensure that staffing arrangements facilitate the effective provision of domestic services within the home at all times.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and staff as well as observations during the inspection confirmed that there is a separate member of the domestic staff employed in the residential home.	

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.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: There have been no recent complaints to the home; therefore this area for improvement will be carried forward for review to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect residents. We noted on one of the records reviewed that there were gaps within the applicant’s employment history which were not further explored. This was identified as an area for improvement to ensure this is addressed going forward.

There were systems in place to ensure staff were trained and supported to do their job. For example staff were provided with a range of training including mandatory training and received regular supervision and appraisal.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. The manager and staff told us that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff were appropriately registered with their professional body and systems were in place to ensure this remained live. Newly appointed care staff were supported to register with the Northern Ireland Social Care Council (NISCC). Advice was given to the manager to record the registrant’s renewal date with this information.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way. Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff told us that the residents’ needs and wishes were very important to them. It was observed that staff responded to residents’ requests for assistance promptly and in a caring and compassionate manner.

Residents were observed to be at ease within their environment said that staff were kind to them.

5.2.2 Care Delivery and Record Keeping

When we walked around the home; the atmosphere was calm and relaxed and we observed residents able to walk around freely.

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. In addition, residents' care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

It was observed that staff respected resident privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. We observed staff supporting residents when they were upset or redirecting residents when they were unsure as to what was happening around them.

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed. Where residents were at risk of falls; measures were put in place to reduce this risk such as alarm mats and crash mats.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. We observed the dining experience and noted that there was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. The tables were set with condiments and a variety of drinks available. Residents could choose to take their meals in their own rooms if they wished.

The dining experience was calm and unhurried. It was observed that residents were enjoying both their meal and the overall dining experience. Supervision and support from staff was readily available where this was required.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents' care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

At times some residents may be required to use equipment that can be considered to be restrictive such as alarm mats. It was established that safe systems were in place to manage this aspect of care.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents looked well cared for in that they were well dressed with attention to detail in regards to personal appearance.

Staff reported that the care provided to the residents was of a good standard and was very safe.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that it was well maintained. Residents' bedrooms were personalised with items important to the residents. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. Fire exits and corridors were observed to be clear of clutter and obstruction. We identified one bedroom door which required adjustment; this was promptly addressed during the inspection.

The home's most recent fire safety risk assessment was completed on 23 September 2021. Any areas identified within the action plan were signed off as addressed by the manager.

The most recent legionella risk assessment was completed on 4 December 2020. Records were in place to verify that the appropriate checks were completed.

Appropriate precautions and protective measures were in place to manage the risk of infection. The home is participating in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

New domestic staff have been employed in the home. The staff commented that this has been a positive appointment and an asset to the home. Domestic staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

5.2.4 Quality of Life for Residents

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges.

In the morning we observed some residents participating in craft making activities with the activity coordinator. Residents were able to participate freely and this was noted to be a very relaxed experience. The coordinator chatted easily with the residents and the atmosphere was found to be supportive and fun. Other residents who chose not to engage within the group activities received one to one activities such as having their nails painted or reading magazines. In the afternoon a number of the residents were supported to go out for a walk with staff in the garden. This is to be commended.

Residents were offered choices throughout the day; from where and how they wish to spend their time, what they ate and drank and what activities they wished to participate in.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was suspended due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place and staff commented on the positive benefits to the physical and mental wellbeing of residents; the manager communicated with residents' relatives in order to keep them updated on matters such as visiting arrangements.

Residents said the range of available activities within the home kept them occupied during the day. Staff said that they enjoyed participating in activities with the residents.

5.2.5 Management and Governance Arrangements

Mrs Hayley Phillips is the manager of The Sperrins Residential Home and an application has been made to register with RQIA. Staff were aware of who the manager of the home was, their own role in the home and how to raise any concerns about residents, care practices or the environment.

Staff commented positively about the manager and described her as approachable and always available for guidance. Staff were particularly appreciative of the practical and emotional support provided to them by the management team during the COVID-19 pandemic.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager completed regular audits of falls, IPC and the home's environment.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

A record of compliments received about the home was kept and shared with the staff team; this is good practice.

The home was visited each month by the registered provider's representative to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These were available for review by residents, their representatives, the Trust and RQIA.

In summary, there were robust governance arrangements in place to effectively monitor care delivery and service provision, and to help drive improvement.

6.0 Conclusion

Residents were supported by staff to have meaning and purpose in their daily life in The Sperrins Residential Home; the interactions between residents and staff were warm and supportive with staff delivering care in a way that promoted the dignity of residents.

The environment was clean, tidy and well maintained to a good standard. Staff responded to the needs of the residents and provided support in a timely way.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Minimum Standards (August 2011)

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Hayley Phillips, 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 Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 19.2 Stated: First time	The responsible individual shall ensure that any gaps in an applicant's employment record are explored and explanations recorded. Ref: 5.2.1
To be completed by: 24 June 2021	Response by registered person detailing the actions taken: Going forward all relevant information and or any gaps in employment will be explored by management at interview stage to ascertain any gaps in employment history same will be documented in personnel file of staff member

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



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