

Inspection Report

16 September 2022



The Docks Residential Care Home

Type of Service: Residential Care Home
**Address: c/o Carlingford Lodge Care Home,
76 Upper Dromore Road, Warrenpoint, BT34 3PN**
Tel no: 028 4175 9200

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Healthcare Ireland (No. 4) Limited Responsible Individual: Ms Amanda Mitchell	Registered Manager: Mrs Jaya Shree Ajith – Not registered
Person in charge at the time of inspection: Mrs Jaya Shree Ajith	Number of registered places: 16
Categories of care: Residential Care (RC) I – Old age not falling within any other category	Number of residents accommodated in the residential care home on the day of this inspection: 13
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 16 residents. Residents' bedrooms are located over one floor and residents have access to a communal lounge and a communal dining area. The home is located within the same building as Carlingford Lodge Nursing Home. The manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 16 September 2022 from 9.45am to 3.15pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents were well presented in their appearance and spoke positively when describing their experiences on living in the home. Comments received from residents and staff members are included in the main body of this report.

There was sufficient staff available to provide care and staff members engaged well with residents in a caring and compassionate manner. There was a good working relationship between staff and management.

Areas requiring improvement were identified in relation to the storage of oxygen cylinders when not in use and with the system in place to check staffs' registrations with the Northern Ireland Social Care Council.

RQIA was assured that the delivery of care and service provided in The Docks Residential Care Home was safe, effective and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the manager and 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

During the inspection we consulted with seven residents and three staff. Residents told us that they were happy living in the home spoke positively on their engagements with the staff and with the food provision in the home. Staff members were confident that they worked well together and enjoyed working in the home and interacting with the residents.

There were no questionnaire responses received and we received no feedback from the staff online survey.

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 1 March 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 18 (2) (i) Stated: Second time	The registered person shall ensure that a review of the domestic cleaning arrangements is undertaken and adequate provision is made for each day of the week.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 18 (2) (n) Stated: Second time	The registered person shall ensure that a programme of activities is planned and provided with regard to the needs of the residents and in consultation with the residents.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 3 Ref: Regulation 13 (1) (b) Stated: First time	The registered person shall ensure that when a restrictive practice is considered, the proper procedures are followed. Residents' care records should evidence the persons consulted and care plans should specifically detail when, how and/or where the practice should be used.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the appropriate oversight is maintained on record keeping of the administration of topical preparations.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 6.2</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that care plans for activities are individualised and person centred.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.4</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that arrangements are put in place for residents to see the daily menu, even if they choose not to visit the dining room.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.9</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that arrangements are put in place for residents to have hot meals served onto warmed plates.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 30.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that topical preparations in use within the home are dated on opening and disposed of in accordance with manufacturer's guidelines.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.</p>	<p>Met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff members were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. A deficit was identified with the checks which were made to ensure that care staff maintained their registrations with the Northern Ireland Social Care Council. This was discussed with the manager and identified as an area for improvement.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as adult safeguarding, infection prevention and control (IPC), resident moving and handling and fire safety. Staff confirmed that they had taken part in fire drills in the home. Training had been provided electronically and face to face. A system was in place to ensure that staff completed their training and evidenced that all staff had achieved compliance with this. Compliments had been received from the training provider to reflect this.

Flash meetings were conducted on a regular basis involving all heads of departments in the home. These meetings were held to enhance communication in the home and to manage any emerging concerns.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Staff consulted confirmed that they were happy that residents' needs were met with the staffing level and skill mix allocated to work in the home. Discussion with residents and observation of working practices identified no concerns in relation to the staffing arrangements.

Staff spoke positively on the teamwork in the home. One told us, "It is great; much better recently". Staff members were observed to work well and communicate well with one another during the inspection.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. The duty rota identified the person in charge of the home when the manager was not on duty.

Residents consulted spoke highly on the care that they received and confirmed that staff attended to them when they needed them and that they would have no issues on raising any concerns that they may have to staff. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and residents knew one another well and were comfortable in each other's company.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff members were knowledgeable of residents' needs, their daily routine, wishes and preferences.

A diary was maintained to ensure important daily activities were not missed such as appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in residents' care throughout the day.

It was observed that staff provided care in a caring and compassionate manner. Residents told us that they were happy living in the home. One said, "The staff are very good and the people living here are nice. I am very happy here." Another commented, "It's the best here. All the staff are very nice and the foods is good as well."

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.

A fall's stick was in use at the staff office to record the number of falls in any month. The number of falls in the home was low. An accident report was completed by staff to record any accidents or incidents which occurred in the home. Falls were reviewed monthly for patterns and trends to identify if any could be prevented. There were notices on the office wall advising staff of the actions to take in the event of a fall and the actions to take if the resident was kept lying on the floor at the request of ambulance staff. Post fall's checklists were completed following accidents in the home to ensure that the appropriate actions had been taken and appropriate persons notified. This is good practice.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There was good availability of food and fluids identified during the inspection. Records of residents' intake and outputs were recorded where this was required and these had been recorded well. Nutritional care plans reviewed were reflective of the speech and language therapist's recommendations. Nutritional risk assessments were carried out monthly to monitor for weight loss and weight gain.

Residents dined in their preferred dining area; the dining room, lounge or their own bedrooms. The menu was displayed on a noticeboard and offered a choice of meal at mealtimes. Tables in the dining room had been attractively set for the meal and staff wore the appropriate personal protective equipment (PPE) when serving meals. Food was served from a bain-marie onto warmed plates. The food served appeared nutritious and appetising and portion sizes were appropriate for the residents to whom the food was served. The mealtime was well supervised. Residents spoke positively on the mealtime experience.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home. The entrance to The Docks Residential Care Home was well signed and there was hand hygiene provision at the entrance.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. Residents confirmed that they could choose which clothes they wore, where to sit during the day or where to take their meals at mealtimes.

A substantial number of oxygen cylinders was observed to have been unsafely stored within the treatment room. This was discussed with the manager and identified as an area for improvement.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Isolated IPC issues identified were managed during the inspection. All visitors to the home were required to wear face coverings. Environmental infection prevention and control audits had been conducted monthly.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Residents confirmed that they were offered choice and assistance on how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents confirmed that they could remain in their bedroom or go to a communal room when they wanted. Residents were well presented in their appearance and those, who wished to, were wearing their own jewellery, nail varnish and make up.

A new activity therapist had recently commenced in post. There was an activity board maintained in the communal corridor and an activities planner was available for review. Activities included painting, games and music. Activities were conducted on a group basis and on a one to one basis for those who could not or did not wish to be involved in group activity. Residents' working and playing care plans had been completed and reviewed on a monthly basis. All completed activities were captured on activity participation records which were maintained for each resident. A random review of one of the completed activity participation records confirmed that the activities this resident had been involved in were reflective of their interests identified within their care plan.

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents. There were three care partner arrangements in place and visiting was conducted in line with Department of Health guidelines.

Residents' meetings were conducted monthly and topics discussed included the kitchen and laundry facilities, housekeeping, care and activity provision. Minutes of these meetings were maintained and included attendees, topics discussed and any decisions made.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been changes to the management arrangements. On 16 March 2022, Healthcare Ireland Limited took over the running of the home. During the planned absence of the registered manager, Mrs Jaya Shree Ajith has been managing the home since 12 April 2022. Discussion with the manager and staff confirmed that there were good working relationships between staff and the home's management team. Staff told us that they found the manager to be 'approachable' and 'would listen to staffs' concerns'.

Staff were aware of who the person in charge of the home was in the manager's absence. Staff told us that they were aware of their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Areas audited included care records, topical administration records, staff training, residents' weights and IPC. 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 complaint's book was maintained to detail the nature of any complaints and the corresponding actions made in response to any complaints. The number of complaints in the home was low. Cards and letters of compliments were maintained and shared with staff.

The home was visited each month by a representative of the registered provider 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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Completed reports were available for review by residents, their representatives, the Trust and RQIA.

Staff told us they were confident about reporting any concerns about residents' safety. Staff members were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

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 Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Jaya Shree Ajith, 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 20 (c) (ii) Stated: First time To be completed by: 16 October 2022	<p>The registered person shall review the robustness of the system in place to monitor NISCC registrations to ensure that all appropriate employed staff have either applied to or are maintained on the register.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Registered Manager reviews the registration for all care staff employed on the NISCC Portal at least monthly and retains a record of these checks. All staff employed in the home are currently registered and recent new starts are completing the registration process. The NISCC matrix is reviewed monthly by the Regional Area Manager during the Regulation 29 Monitoring Visits.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 32.1 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that oxygen cylinders are stored safely and securely.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The oxygen cylinders are stored safely and securely in the home and the Registered Manager monitors this during her walk arounds on a daily basis. Any issues that may be identified will be addressed immediately</p>

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