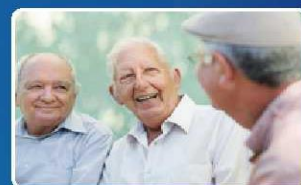




Unannounced Care Inspection Report 2 September 2018



The Docks Residential Care Home

Type of Service: Residential Care Home
Address: 76 Upper Dromore Road, Warrenpoint, BT34 3PN
Tel No: 028 4175 9200
Inspector: Kylie Connor

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 16 places that provides care and accommodation for residents within the old age category of care.

3.0 Service details

Organisation/Registered Provider: Amore (Warrenpoint) Limited Responsible Individual: Nicola Cooper	Registered Manager: Stella Law
Person in charge at the time of inspection: Aine Remnant, Senior Care Assistant	Date manager registered: Acting – No Application Required
Categories of care: Residential Care (RC) I – Old age not falling within any other category	Number of registered places: 16

4.0 Inspection summary

An unannounced care inspection took place on 2 September 2018 from 12.00 to 16.40.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the pre- registration inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to training, infection prevention and control, care records and communication between residents, staff and other interested parties, the culture and ethos of the home.

Areas requiring improvement were identified in regard to the home's category of care, the new staff office, the home's statement of purpose, resident's guide, the availability of records during an inspection and notification of accidents and incidents.

Residents and their representatives said that they were happy with the standard of care and support provided and also with the food and activities.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	2

Details of the Quality Improvement Plan (QIP) were discussed with Aine Remnant, Senior Care Assistant and with Stella Law, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP the home had been advised during the pre-registration inspection to submit a variation application if they wished to proceed with the creation of an office for senior care assistants.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous pre-registration inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the person in charge, eight residents, one care staff, two ancillary staff and four residents' visitors/representatives.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Four questionnaires were returned by residents within the agreed timescale.

During the inspection a sample of records was examined which included:

- Weekend on-call rota
- Annual appraisal schedule
- Poster on display for upcoming staff training
- Two residents' care files
- The home's Statement of Purpose and Resident's Guide
- Weekly Menu
- Reports of visits by the registered provider
- Programme of activities
- Policies and procedures
- RQIA certificate of registration
- Employer's liability insurance certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 the most recent inspection dated 10 April 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 21 December 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15. – (1) Stated: First time	The registered person shall ensure that residents assessed as requiring residential care are accommodated within the home; confirm to RQIA in writing when this process has been completed. Ref: 6.1	Met
	Action taken as confirmed during the inspection: Confirmation was received to enable the registration of the Docks to proceed.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. Discussion with staff confirmed that temporary/agency staff were not used in the home. A weekend on call duty rota was in place and up to date.

Discussion with staff confirmed that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was provided. Staff reported that an annual appraisal schedule for 2018 was in place.

Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. Staff stated that mandatory adult safeguarding training was provided for all staff.

Discussion with staff, review of care records confirmed that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

Discussions with staff confirmed that whilst the home did not accommodate any individuals whose assessed needs could not be met, the home was not registered for the appropriate category of care. An area of improvement was identified.

Discussion with staff and an inspection of the environment confirmed that there were restrictive practices within the home, including the use of locked doors, keypad entry systems, lap belts and pressure alarm mats. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were not described in the statement of purpose and residents' guide and two areas of improvement were identified.

Discussion with staff established that they were knowledgeable, had an understanding of IPC policies and procedures and had received training in IPC in line with their roles and responsibilities.

An estates checklist was left for the manager to complete and return to RQIA; this was not received within the requested timescale however, it was received prior to the issue of the inspection report.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

Discussion with staff confirmed that IPC compliance audits were undertaken and action plans developed.

The person in charge reported that there had been no outbreaks of infection since registration. Any outbreak would be managed in accordance with the home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The person in charge reported that audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. An office had been installed since the pre-registration inspection and a variation had not been submitted as had been advised. An area of improvement was identified.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

Discussion with staff confirmed that staff completed fire safety training twice annually; fire drills were completed on a regular basis.

A resident and staff spoken with during the inspection made the following comments:

- “For the first time in my life I’ve felt safe. It’s the most wonderful place. It make such a difference.” (resident)
- “They (annual appraisals) happen every year.” (staff)
- “I’d definitely raise any concerns (under whistle-blowing).” (staff)
- “There is a 20-30 page induction programme.” (staff)
- “We have cleaning every day.” (staff)

Four completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to training and infection prevention and control.

Areas for improvement

Four areas for improvement were identified in regard to the home's category of care registration, the new office, the home's statement of purpose and resident's guide.

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with staff, residents and residents' representatives established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with General Data Protection Regulation (GDPR).

A review of two care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, pain management, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Staff reported that residents made their meal choice the previous day. The lunch-time meal was observed, residents had been asked what they wanted half an hour beforehand. Tables were set appropriately with condiments and a table cloth. The meal was appropriately supervised and staff were attentive, asking residents, "Did you enjoy that?", "Do you want more?" and "Are you finished?" This represented good practice. Residents stated that variations were available.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner.

Staff advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings, resident meetings and staff shift handovers. One resident and two representatives spoke of their positive experience during and following admission to the home.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with staff confirmed that management operated an open door policy in regard to communication within the home.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Residents, a representative and staff spoken with during the inspection made the following comments:

- "It's lovely (the standard of décor)." (resident)
- "It's so comfortable." (resident)
- "If I was ill they would come in immediately." (resident)
- "Lovely staff made us very welcome. Showed us his room and the dining room." (representative)
- "I got a pack (admission information pack) and I got a lot of information as well." (representative)
- "We have flash meetings daily at 11.00...and monthly staff meetings (in the Docks)." (staff)
- "I think the girls work very, very good, they do their best. Everyone works very well as a team." (staff)
- "It's very good (communication) within the team." (staff)

Four completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

A range of policies and procedures was in place which supported the delivery of compassionate care.

Discussion with residents, their representatives and staff confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with residents and their representatives confirmed that consent was sought in relation to care and treatment. Review of care records and discussion with staff identified that written consents from residents had been obtained in regard to photography but had not been obtained in regard to night checks and access to residents' records by others including RQIA. An area of improvement was identified.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and how their confidentiality was protected.

Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings and visits by the registered provider.

Discussion with staff, residents, and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Whilst there is a part-time activity co-ordinator, care staff spoke of activities that they facilitate including singing, colouring in, puzzles and a quiz. Staff reported that they had requested a new radio and board games for the home which had been provided. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents commented that there was too much mince on the menu. Discussions with staff confirmed that the menu was being reviewed for the autumn-winter season; that meals such as pies and stews would replace mince based dishes and that there would be more hot puddings.

Residents and staff spoken with during the inspection made the following comments:

- “We encourage their independence, especially with their washing needs.” (staff)
- “It’s (food) very good, very nice.” (resident)
- “We go for a walk every day.” (resident)
- “The care is very good.” (resident)
- “Visitors can stay as long as they want to.” (resident)
- “They know what you like and who they are.” (resident)

Four completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

One area for improvement was identified in regard to obtaining written consents from residents in regard to night checks and access to residents’ records by others including RQIA.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

In discussion with staff, it was identified that RQIA had not been notified of a change in the manager arrangements for the Docks. Following the inspection, this was discussed with Stella Law, who confirmed that she had been appointed two weeks prior as manager; the required notification was promptly received by RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints.

A number of records were not available that are required to be available in the home during an inspection. An area for improvement was identified.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action. The reports for July 2018 and August 2018 were not available in the folder; the manager gave assurances that these reports would be filed promptly. One report referenced an accident that occurred in June 2018 which resulted in a fracture that had not been appropriately referred to RQIA. An area of improvement was identified.

The manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

Discussions with staff confirmed that a range of audits was completed by the team leader including, dining experience, resident satisfaction, environment and observation of medicine practice.

Following the inspection, discussion took place with the manager in respect of the necessity to appropriately notify RQIA in respect of the change of manager. This was subsequently received. Discussion also took place in regard to the need for a variation in respect of the home's category of care and in regard to a change to the environment. An area of improvement was identified and is referred to in section 6.4 of the report.

The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this.

Whilst the manager was very new in the home, staff spoke positively of the support received from the team leader. Discussion with most staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. One issue concerning staff relations was raised with the inspector and in discussion with the manager assurances were given that this issue would be appropriately addressed.

There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

A resident, staff, and a resident’s visitor/representative spoken with during the inspection made the following comments:

- “They (senior staff and team leader) do their job well.” (resident)
- “John (team-leader) couldn’t have done any better.” (representative)
- “He (the team leader) is brilliant and he’s on the phone if he’s off....he listens and responds and goes to the manager if it requires it.” (staff)
- “Anything is dealt with quickly.” (staff)

Four completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied, satisfied and undecided.

Areas of good practice

Areas of good practice were identified in regard to a person-centred focus and culture in the home and quality improvement.

Areas for improvement

Two areas for improvement were identified in regard to the availability of records during an inspection and accident and incident reporting.

	Regulations	Standards
Total number of areas for improvement	2	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Aine Remnant, Senior Care Assistant and following the inspection, with Stella Law, Manager, 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 care 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 15 (1) (e) Stated: First time To be completed by: 1 November 2018	<p>The registered person shall review the needs of residents discussed with the manager following the inspection and submit an application for the appropriate category/categories of care as required.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This has been done. We have reviewed residents needs and plans have been submitted to RQIA for consideration of appropriate category of care required for the Unit.</p>
Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: 1 November 2018	<p>The registered person shall ensure that a review of accidents and incidents is undertaken and ensure that retrospective notification to RQIA is completed.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: A review of the accidents and incidents are being undertaken to ensure that all accidents have been reported to the RQIA.</p>
Area for improvement 3 Ref: Regulation 32 (1) (h) Stated: First time To be completed by: 1 November 2018	<p>The registered person shall submit a variation in respect to the addition of a staff office.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A registration for variation in respect to the additional office have been submitted to RQIA for consideration.</p>
Area for improvement 4 Ref: Regulation 19 (1) (a) (2) (3) Stated: First time To be completed by: 1 November 2018	<p>The registered person shall ensure that all records detailed in Schedule 3 and 4 are available for inspection in the home including:</p> <ul style="list-style-type: none"> • complaint records • fire safety check records • fire drill records • all completed reports of visits by the registered provider • accident and incident records • staff training records • staff meetings • records of staff registration with NISCC/NMC as appropriate. <p>Ref: 6.4</p>

	<p>Response by registered person detailing the actions taken: Registered person has developed and implemented a system that would ensure the about records as in schedule 3 and 4 will be easily accessible and available after office hours for future inspection.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 20.6</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2018</p>	<p>The registered person shall revise and update the home's statement of purpose to include the range of restrictive practices that may be employed to meet the needs of residents; the new category of care to be applied for, management changes and ensure that the term 'service users' is replaced with 'residents'. A copy should be submitted to RQIA.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A revised statement of purpose have been submitted to the inspector at RQIA for consideration.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 20.9</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2018</p>	<p>The registered person shall revise and update the home's resident's guide to include the range of restrictive practices that may be employed to meet the needs of residents; the new category of care to be applied for, management changes and ensure that the term 'service users' is replaced with 'residents'. A copy should be submitted to RQIA.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A revised statement of purpose have been submitted to the inspector at RQIA for consideration.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2018</p>	<p>The registered person shall ensure that written consents are obtained from residents in regard to night checks and access to residents' records by others including RQIA.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: There are consents in place as regards to resident's records and night checks.</p>

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



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