

Inspection Report

1 March 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**
Telephone number: 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: Amore (Warrenpoint) Limited Responsible Individual: Ms Sarah Elizabeth Perez - Acting	Registered Manager: Mrs Sara Main Date registered: 5 March 2018
Person in charge at the time of inspection: Mrs Sara Main	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: 11
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 have access to a communal lounge and dining area. The residential home is within the same building as Carlingford Lodge nursing home.	

2.0 Inspection summary

An unannounced inspection took place on 1 March 2022 from 9.50am to 5.00pm 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.

Residents were well presented in their appearance and spoke positively when describing their experiences on living in the home. Staffs' interactions with residents were observed to be both caring and compassionate. Staff told us that they enjoyed working in the home and interacting with the residents. Comments received from residents and staff are included in the main body of this report.

Five areas for improvement, identified at the previous inspection, remain not fully met at this inspection. These are in relation to the allocation of domestic cleaning hours, activity provision and activity care planning, residents' access to the menu and the serving of hot meals on heated plates. These areas for improvement will be stated for the second time.

New areas for improvement were identified in regard to management of restrictive practice and management of topical preparations.

RQIA was assured that the delivery of care and service provided in The Docks was compassionate. Staff promoted the dignity and well-being of residents and were knowledgeable and well trained to deliver care. Addressing the areas for improvement will further enhance the safe and effective care delivery in the home. There was a good working relationship between staff and management.

The findings of this report will provide the manager with the necessary information to assist them to fulfil their responsibilities, enhance practice and 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 and 'Tell Us' cards 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 and the regional manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with six residents, one relative and three staff. Residents spoke positively of the care that they received and on their interactions with staff. Residents told us that they were happy and enjoyed living in the home. One told us, "The home is brilliant. We are well looked after and well fed". Another told us, "It's very good here; I am very comfortable". Staff confirmed that they enjoyed working in the home and stated that the homes' management team were approachable and responsive to any concerns that they may have.

The relative was complimentary in regards to staffs' interactions with residents and with the care provision in the home. They told us that their relative was very happy in the home; staff were always welcoming and that they were always kept up to date with their relative's progress. There were seven questionnaire responses returned. The majority of responses indicated that they were either satisfied or very satisfied that the home provided safe, effective and compassionate care and that the home was well led. However, two indicated that they felt the home was not well led and one indicated dissatisfaction that the home provided safe or compassionate care though did not provide any rationale for this feedback. There were no responses received 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 11 March 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that all staff, including domestic and laundry staff, wear proper PPE at all times when working in the home, in line with current guidance.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 18 (2) (i) Stated: First 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.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and this will be discussed further in section 5.2.3. This area for improvement has not been met and will be stated for the second time.	

<p>Area for improvement 3</p> <p>Ref: Regulation 18 (2) (n)</p> <p>Stated: First time</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and this will be discussed further in section 5.2.4.</p> <p>This area for improvement has not been met and will be stated for the second time.</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 12 (5)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • the food provided is suitable for the needs of each resident • there are sufficient choices of foods available to residents who require a texturised diet. <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 5</p> <p>Ref: Regulation 29 (4) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there is consultation with residents and residents' representatives as part of the visits by the registered provider.</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)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 6.2</p> <p>Stated: First 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 was not fully met and this will be discussed further in section 5.2.2.</p>	<p>Partially met</p>

	This area for improvement has not been met and will be stated for the second time.	
Area for improvement 2 Ref: Standard 12.4 Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and this will be discussed further in section 5.2.2. This area for improvement has not been met and will be stated for the second time.	
Area for improvement 3 Ref: Standard 12.9 Stated: First time	The registered person shall ensure that arrangements are put in place for residents to have hot meals served onto warmed plates.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and this will be discussed further in section 5.2.2. This area for improvement has not been met and will be stated for the second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. All staff were provided with a comprehensive induction programme to prepare them for working with the residents.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they were happy with the training provision in the home and were satisfied that the training provided was sufficient in helping them meet their roles in the home. The majority of training was completed electronically and staff confirmed that they received face to face training on resident moving and handling and first aid.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. Staff confirmed that residents' needs were met with the number of staff on duty. Checks were made to ensure that care staff maintained their registrations with the Northern Ireland Social Care Council. Staff said there was good teamwork in the home. One staff told us, "We all stick together to do the best that we can". Residents raised no concerns in relation to the staffing arrangements in the home.

Residents spoke highly on the care that they received and confirmed that staff attended to them when they requested 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 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. Staff confirmed that they felt communication in the home between staff and management was good.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering and discussing residents' care in a confidential manner. Staff were observed to be prompt in recognising residents' needs and any early signs of distress. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

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.

We reviewed the care records of a resident who had a restrictive practice implemented. The care records were not sufficient in detail to identify the decision making process for the use of the restrictive practice or to identify who this was discussed with. A detailed care plan was not in place to identify when and where the practice was to be implemented. This was discussed with the manager and identified as an area for improvement.

Gaps were identified in two residents' topical medicines application records (TMAR). Topical medicines can include creams applied to residents' skin. The person who applies the cream is the person responsible for completing the TMAR. Gaps signify that the cream was either not applied or applied but not signed. This was discussed with the manager and an area for improvement was identified to ensure appropriate oversight of this practice.

Many of the topical preparations in use in the home had not been dated when they had been opened. This is significant when it comes to disposing of the preparations in accordance with manufacturers guidelines. This was discussed with the manager and identified as an area for improvement.

Activity needs care plans were in place. However, these were not sufficient in detail and there was no link between the activities therapist and the activity care plan. A review of one identified resident's activity care plan evidenced inaccuracies when the detail was discussed with the resident. This was discussed with the manager and an area for improvement in this regard has been stated for the second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There were no residents in the home requiring to have their meals modified. All food served had also been prepared in the home. The food served looked appetising and nutritious. However, whilst residents were aware of the meal choices on the day prior to the meal, the weekly menus were not available to them for review should they or any relative wish to see the planned meals in advance. In addition, hot food was served onto cold plates. This was discussed with the manager and areas for improvement in these regards have been stated for the second time. Residents spoke positively on the food provision in the home, though, one commented on the frequency that chicken based meals were served. The residents' comments were shared with the manager for their review and action as appropriate.

The number of accidents in the home was low. Accident records had been completed and reflected that these had been managed appropriately and the correct persons, including next of kin, RQIA and the commissioning Trust, informed.

Up to date resident hospital transfer sheets, containing all relevant resident details, were available should the resident require an unexpected admission to hospital. Staff confirmed that a copy of the resident's medication administration chart would also be sent on transfer to aid in timely accurate communication between home and hospital staff. This is good practice. Staff confirmed that on the residents return to the home from hospital, a 'return from hospital assessment sheet' would be completed and the resident's care plans amended as required.

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 the lounge, dining room and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home. There was evidence of recent environmental improvements in the home. Flooring had been replaced in the lounge and corridors. Bedrooms had been repainted and chairs had been replaced. However, while the home was found to be clean during the inspection, a review of the allocated domestic hours evidenced that not enough cover had been provided to ensure daily cleaning in the home. This was identified as an area for improvement at the previous care inspection and has now been stated for the second time.

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.

Hand hygiene and personal protective equipment (PPE) was available at the entrance to the home and throughout the home. There was good signage throughout the home instructing on

how to perform hand hygiene. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents and staff. On entry to the home, visitors, including professional visitors, were required to have a temperature check and complete a declaration check list to identify if any were having symptoms and/or had been in potential contact with anyone with Covid. All visitors were required to wear PPE and visits were by appointment only. 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.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how and where they spent their day. Residents and staff confirmed that residents could remain in their bedroom or go to a communal room when they requested. All residents were presented well in their appearance and appeared settled and comfortable in their environment.

One activities therapist was in post providing 16.5 hours per week to both the residential home and the adjoining nursing home. A second, full time, activities person had recently left employment and the management team were actively trying to source a replacement. An activities noticeboard was on display at the entrance to the home, however, this was not reflective of the actual activities provision in the home. A current programme of activity was not available for review. The activities therapist conducted group activity and one to one activities with residents. These activities which were recorded within an activities diary. Care assistants confirmed that, when they had time, they would take part in activities with residents, however, these activities were not recorded anywhere to confirm the frequency of occurrence or the activity completed. An area for improvement in relation to activity provision has been stated for a second time.

Visiting arrangements were in the process of restarting following a COVID – 19 outbreak in the home which had only recently been declared as over. The manager confirmed that five care partner arrangements were in place. Care partners were involved in the weekly COVID-19 testing programme and care partner agreements were in place.

One method the home utilised to communicate with relatives was through a published newsletter. The newsletter captured and informed of any upcoming changes to the home's normal running. We discussed the potential of sharing the newsletter routinely with all residents in the home to include those who preferred to remain in their room. A copy would have usually been displayed in the unit when available.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Sara Main has been the registered manager in this home since 5 March 2018. The manager discussed a temporary planned upcoming change to the management arrangement and a permanent upcoming change with the homes registered provider.

Staff, residents and relatives had been informed. It was good to note that representatives of the new provider was already meeting with an arranged staff group to answer any questions which they may have and/or alleviate any fears.

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. The number of accidents in the home was low.

A system was in place to record any complaints about care or any service they received in the home. There were no recent complaints relating to the home. We discussed ways of further enhancing the recording of any future complaints received. A compliments file was also maintained. Cards and letters of thanks were retained in the home. All compliments were shared with staff.

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

Staff commented positively about the manager and the management team and staff felt that managers would listen to them if they had any concerns. Staff described the home's management as 'approachable'. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

6.0 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 the Residential Care Homes' Minimum Standards (August 2011) (Version 1.1).

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

*The total number of areas for improvement includes five that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Sara Main, Registered Manager and Tracey Henry, Regional 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 18 (2) (i) Stated: Second time To be completed by: With immediate effect	<p>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.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: This has been reviewed by the registered manager and domestic hours are in place for each day of the week. This will be monitored during internal audit.</p>
Area for improvement 2 Ref: Regulation 18 (2) (n) Stated: Second time To be completed by: 30 April 2022	<p>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.</p> <p>Ref: 5.1 and 5.2.4</p> <p>Response by registered person detailing the actions taken: Activities schedules are in place, residents meetings provide a forum for activities to be discussed and planned. Activities planners include activities for all abilities, likes and requirements and is shared in advance. Activities are continually monitored through internal audit and regulation 29 visits.</p>
Area for improvement 3 Ref: Regulation 13 (1) (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that when a restrictive practice is considered, the proper procedures are followed.</p> <p>Residents' care records should evidence the persons consulted and care plans should specifically detail when, how and/or where the practice should be used.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A restrictive practice audit is in place, including discussions with MDT, relatives and the relevant individuals are consulted. This is monitored through internal audit and regulation 29 visit.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the appropriate oversight is maintained on record keeping of the administration of topical preparations.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: TMARS are in place and the SCA ensures administration is recorded. Home Manager is conducting spot checks on this during her daily audits as well as under regulation 29 visits.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 6.2</p> <p>Stated: Second time</p> <p>To be completed by: 30 April 2022</p>	<p>The registered person shall ensure that care plans for activities are individualised and person centred.</p> <p>Ref: 5.1 and 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: The care plans for activities are individualised and person centred. The registered manager continues to monitor this on a regular basis through audits.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.4</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</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> <p>Ref: 5.1 and 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Daily menus are now displayed in a variety of locations for residents to view but inside the dinning room and outside. Menu avalibility is monitered on Home Manager daily audit and regulation 29 visits.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.9</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that arrangements are put in place for residents to have hot meals served onto warmed plates.</p> <p>Ref: 5.1 and 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: The chef is now assigned to serve the meals and also to make sure hot meals are served onto warm plates. Home manager continue to moniter as well as regional manager under regulation 29 visits.</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> <p>Ref: 5.2.2</p>
<p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: Topical preparations are dated on opening and disposed of in accordance with manufacturer's guidelines. Audits in place to monitor this including the home manager daily audit and regulation 29 visits.</p>

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