



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 9 January 2020



## 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: Debbie Wylie**

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 16 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore (Warrenpoint) Limited  <b>Responsible Individual:</b> Nicola Cooper	<b>Registered Manager and date registered:</b> Sara Main 5 March 2018
<b>Person in charge at the time of inspection:</b> Sara Main	<b>Number of registered places:</b> 16
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category	<b>Total number of residents in the residential care home on the day of this inspection:</b> 16

### 4.0 Inspection summary

An unannounced inspection took place on 9 January 2020 from 09.30 hours to 15.30 hours. This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care 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 staffing, training, the dining experience, manager support and team work.

Areas requiring improvement were identified including the environment, reporting of notifiable events, care plans, displaying of the menu and activities.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents, people who visit them or professionals and staff during and after the inspection, are included in the main body of this report.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	5

Details of the Quality Improvement Plan (QIP) were discussed with Sara Main, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 9 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 9 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

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

- staff duty rotas from 1 to 16 January 2020
- staff training records
- three residents' records of care
- a sample of complaint records
- a sample of compliment records
- a sample of governance audits
- a sample of accident/incident records from June 2019 to January 2020
- monthly quality monitoring reports from June to December 2019
- minutes of the most recent residents meeting
- the most recent fire risk assessment
- RQIA registration certificate.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 last care inspection dated 9 May 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 7.4 <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of three residents' care records confirmed that written consents had been obtained from residents for night checks and access to residents records by others including RQIA.	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The manager confirmed that staffing levels were maintained to meet the assessed needs of residents in the home. This was confirmed during discussions with staff and from a review of the staffing rota. The manager confirmed to us that the home was working within its registered categories of care.

As part of the inspection we also asked residents, family members and staff to provide us with their comments on staffing levels via questionnaires. None were returned.

Staff confirmed that they had time to care for residents and they received regular training to help them to care for the residents. Training records reviewed also confirmed that staff received regular mandatory training. Any staff who were asked to be 'in charge of the home' told us that

they had completed their competency assessment to do this. Records reviewed also confirmed this.

We reviewed the induction records for two staff. While these records were generally well structured there was no reference to staff being introduced to the home's policies and procedures and the importance of recording supplementary care records such as food and fluid intake charts. This was discussed with the manager and an area for improvement was made.

The home was clean, tidy, well decorated and free from malodours. The hallways and fire exits were free from obstacles and clutter. Residents bedrooms were found to be personalised with residents own belongings and memorabilia.

Cleaning was being carried out in the home during the morning. We saw that the cleaning trolley containing cleaning chemicals was left unattended in a bathroom. An area for improvement was made.

We reviewed three residents' care records which evidenced that risk assessments were completed when each resident was admitted to the home and that care plans had been developed to manage any identified care needs. The care plans for activities however, required to be individualised and person centred. An area for improvement was made.

Residents were seen to be responded to in a timely and appropriate way by staff. Staff also confirmed that they had been trained and were aware of their roles and responsibilities in responding to any concerns about residents or the care they received. Records we reviewed confirmed that staff had received training in safeguarding adults.

### Areas for improvement

The following areas were identified for improvement; staff induction, control of substances hazardous to health and activities care plans.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

#### 6.4 Is care effective?

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

Residents unable to express their opinion and views were seen to be relaxed and comfortable. Interactions between residents and staff were observed to be respectful, caring and kind. Residents able to voice their views told us:

“Staff are looking after me well.”

“Staff have the GP come to see me if I'm not well.”

“Staff are very attentive.”

Residents' records were stored confidentially and written in a respectful way. Care records also confirmed that other healthcare professionals were consulted with or visits arranged as required, for example, GPs and district nurses.



We observed the serving of the mid-morning snack and the lunchtime meal in the dining room. The mealtime experience was relaxed and staff were assisting patients appropriately and responding to requests for assistance or to change the meal choice.

Residents spoken with were unaware of what was being served for lunch. However, there was no menu displayed in the home. An area for improvement was made.

Staff had a good knowledge of residents' choice of meal, portion size and dietary requirements. Information on the international descriptors for modified diets was also displayed in the dining area.

A review of residents' care records confirmed that care plans were reflective of the recommendations made by speech and language therapists (SALT) and dieticians.

Residents said that they enjoyed their meal. We saw that the majority of residents ate their lunch in the dining room. Other residents choose to eat in their bedroom or in the lounge area. The music playing in the dining area was loud pop music; we raised this with staff and this was changed to a more suitable genre of music. Staff and residents chatted throughout lunch and interactions were seen to be professional and appropriate.

Staff confirmed that there was good and effective teamwork; each staff member knew their role, and function. It was evident that staff knew their responsibilities in the home, and how to provide the right care at the right time.

### Areas for improvement

The following areas were identified for improvement in relation to the displaying of the daily menu.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.5 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.**

We spoke with residents who told us that they were well looked after and staff listened to them. There was a relaxed and calm atmosphere in the home. No complaints had been received since the last inspection and there were lovely examples of compliments and thank you cards for the care and compassion shown in the home including:

"Thank you for your kindness, compassion and great care."

"Thanks you for all your care."

We saw residents treated with dignity and respect with staff asking about their preference and wishes while providing snacks and meals throughout the day.

During the lunch time meal staff were observed to give residents encouragement to be involvement in their choice of meal and drink while chatting in a friendly and respectful way.

It was noted that there was no activities board displayed within the home to inform residents of what activities had been planned. An area for improvement was made.

Staff were observed to patiently assist a resident to communicate their choice of meal. They were seen to be kind and knowledgeable about the resident’s preferences ensuring the resident was fully involved in the decision.

Residents were found to be well-groomed, relaxed and comfortable in the home. They told us:

- “They help me to get washed and dressed in the morning.”
- “The girls help me to get dressed.”
- “If I use my buzzer the staff come quickly.”
- “I have no complaints.”

We provided questionnaires for residents and relatives to complete; none were returned.

Any comments from residents and/or their family members received after the return date will be shared with the manager for their information and action, as required.

**Areas for improvement**

The following areas were identified for improvement; displaying of an up to date activities board.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.6 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.**

Since the last care inspection in May 2019 there has been no change in manager of the home.

Interaction between the manager and staff was observed to be relaxed and respectful. For example staff and the manager discussed residents’ care needs. Staff told us:

- “I can go to the manager if I have any concerns.”
- “I am well supported by the manager.”

Staff were invited to provide comments via an on-line questionnaire. None were received.

We reviewed a sample of governance records to assure us that robust systems were in place to regularly review the quality of the care and other services provided to residents.

We saw that audits were undertaken regularly and any deficits identified were addressed in a timely manner and there was evidence of the manager’s evaluation of the information produced by the audits. For example, we saw that the manager analysed the incidence of falls



occurring in the home on a monthly basis. This review or analysis enabled the manager to identify any patterns or trends which could be addressed to reduce the number of falls.

The responsible individuals' monthly quality monitoring reports from 1 June 2019 were available in the home. We reviewed these reports and found that the deficits identified as part of the July, August and September 2019 visits had not been addressed. This was brought to the attention of the manager and an area for improvement was made.

A review of the record of incidents and accidents in the home evidenced that not all notifiable events have been reported to RQIA. Details were discussed with the manager and an area for improvement was made.

### Areas for improvement

The following areas were identified for improvement; completion of actions from the monthly monitoring reports and reporting of notifiable events in the home to RQIA.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sara Main, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider 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

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 14(2)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>The registered person shall ensure that cleaning chemicals, and any other substances hazardous to health are stored securely.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> New cleaning trolley sourced with lockable storage compartment for chemicals. This will ensure that chemicals and other substances hazardous to health are not accessible to residents.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>The registered person shall ensure that all accidents and incident in the home are notified to RQIA in accordance with regulations.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> All accidents and incidents have now been reported through web portal. This will continue for any accident or incident requiring medical intervention.</p>

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 23.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2020</p>	<p>The registered person shall ensure that when staff complete a structured orientation and induction to the home this includes an introduction to the home's policies and how to accurately completed supplementary records/charts.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Induction process reviewed by deputy and home manager. Senior care staff inducting new staff advised to ensure all aspects of booklet completed, including competency on completion of supplementary records.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2020</p>	<p>The registered person shall ensure that care plans for activities are individualised and person centred.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Life story work completed with residents and activity care plan updated to be person centred to reflect their aspirations and abilities. This care plan has been shared with activity coordinator to ensure meaningful activity is included in monthly calendar.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2020</p>	<p>The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> New menu board sourced and displayed in dining room. This will be updated daily as per menu.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2020</p>	<p>The registered person shall ensure that the programme of activities is displayed in a suitable format and in an appropriate location to enable residents and their representatives know what is scheduled in advance of the activity taking place.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Activity board sourced and displayed in corridor next to lounge. A weekly schedule and monthly calendar of activities are now available with special events ie parties/ religious services to be further highlighted to our residents. Activity coordinator has now adapted the schedule to be unit specific.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 20.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 February 2020</p>	<p>The registered person shall ensure that the deficits identified as part of the monthly monitoring reports are addressed in a timely manner.</p> <p>RQIA are to be notified that the outstanding actions, evidenced during the inspection have been addressed when returning this QIP.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Monthly monitoring reports have been addressed by regional director to give a more comprehensive report and thorough with auditing. Outstanding actions have all been completed as care files now all transferred to new formatted layout, training statistics monitored weekly, and activity schedule reviewed.</p>

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



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Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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