



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 9 May 2019



The Docks Residential Care Home

Type of Service: Residential Care Home

Address: 76 Upper Dromore Road, Warrenpoint, BT34 3PN

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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.

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 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 and date registered: Sara Main 5 March 2018
Person in charge at the time of inspection: Sara Main	Number of registered places: 16
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Total number of residents in the residential care home on the day of this inspection: 15

4.0 Inspection summary

An unannounced inspection took place on 9 May 2019 from 09.25 hours to 19.00 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 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 arrangements, the environment, the management of notifiable events, record keeping and communication between residents, staff and other key stakeholders. Further good practice was found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and valuing residents and their representatives.

An area for improvement in relation to the provision of written consent has been stated for the second time.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents, people who visit them and 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
Total number of areas for improvement	0	*1

*The total number of areas for improvement includes one which has been stated for a second time.

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.

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

4.2 Action/enforcement taken following the most recent inspection dated 2 September 2018

The most recent inspection of the home was an unannounced care inspection. 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 previous inspection findings including 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.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

A lay assessor was present during this inspection. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

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

- staff duty rotas from 22 April to 12 May 2019
- staff training schedule and training records
- three residents' records of care
- a sample of governance audits
- accident/incident records
- statement of purpose
- residents guide
- monthly monitoring reports
- 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 registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement six were met and one not met has been included in the QIP at the back of this report.

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 registered manager confirmed that the number of staff and the skill mix of staff on duty at any given time was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 22 April to 12 May 2019 confirmed that the planned staffing level and skill mix was adhered too. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Residents and their visitors consulted spoke positively in relation to the care provision in the home. One resident commented, "I've never had to wait for assistance". Three other residents spoke positively on the staffing arrangements confirming that staff attended promptly when requested.

Staff consulted confirmed that the staffing arrangements were sufficient to meet patients' needs. Staff also confirmed that they were aware of the whereabouts of all residents in the home at all times and maintained close checks on the residents to ensure needs were met. A visitor consulted during the inspection confirmed that upon arrival, staff were able to direct them to the resident's location. The visitor spoke positively on the care provision in the home.

A system was in place to monitor staffs' training attendance. The registered manager confirmed that staff about to lapse or have lapsed training are booked onto the next upcoming scheduled training date.

Falls in the home were monitored on a monthly basis for pattern and trend as a preventative measure. RQIA had been notified of the appropriate accidents in the home.

A review of the premises was conducted. Corridors in the home were free from obstruction. Fire exits were maintained clear. Bedrooms were clean and tidy. There were no malodours in the home. Compliance with infection prevention and control (IPC) had been well maintained. Isolated IPC issues were managed during the inspection. The temperature in the home promoted patient comfort. One resident confirmed that on a good sunny day they would sit outside or go for a walk around the home. A kitchenette was available where relatives and residents could avail of tea or coffee making facilities.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, the environment and with compliance with best practice in IPC.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

Review of two patients' care records evidenced that a daily care bundle was completed hourly over the 24 hour period for each resident. The daily care bundle included detail of hourly checks conducted; access to call bells, pressure area checks, continence management and the activity the resident was involved in such as sleeping, walking, sitting and their whereabouts.

Food and fluid intake records were maintained and a residents' weight folder was completed monthly to review weight loss or weight gain. Care plans were in place to direct the care delivered to residents. We reviewed the lunchtime meal experience. The mealtime commenced at 12.30. Kitchen staff brought a heated trolley to the residential unit and checked the food temperature prior to plating. Residents dined in their preferred dining area such as the dining room or their bedroom. There was a choice of meal. Variations to the mealtime choice were made where a resident did not prefer either choice. One resident was observed to consume a meal which their family had provided for them. A range of drinks were served with the meal. Meals were not rushed and staff were observed providing dignified care when interacting with residents to assist them. The residents spoke positively of the mealtime experience. Measures which could further

enhance the mealtime experience were discussed with the registered manager during inspection feedback.

Braden pressure risk assessments were completed monthly to preserve patients' skin integrity. Skin body maps were completed to evidence the location of any skin defect or to confirm that the residents' skin was intact. A visiting professional complimented the standard of care in the home and more specifically with skin management. They stated, "Skin care is excellent. Staff monitors Braden scores monthly and act on them effectively". Staff demonstrated an awareness of the importance of reporting any bruising, rash or discharge observed on patients.

Falls risk assessments were completed on admission and reviewed. A review of one resident's care records, where the resident had sustained two recent falls, evidenced that both the falls risk assessment and the falls care plan had been updated following both falls. Falls checklists; body maps and clinical observations had been completed following the fall. There was evidence that a pain tool had been utilised to determine if the patient was in any pain following the falls.

There was no evidence available to ensure that written consents were obtained from residents in regard to night checks and access to residents' records by others including RQIA. An area for improvement made in this regard has been stated for the second time.

Staff confirmed that handovers were conducted at the commencement of every shift and the information in the shift handover was sufficient to provide safe and effective care. Staff also confirmed that flash meetings were conducted daily and provided an opportunity to highlight any causes of concern in the unit.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection in the effective domain. An area for improvement in relation to consent for night checks and access to records has been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

Staff were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Residents were given choice, privacy, dignity and respect. Staff were observed knocking on residents doors prior to entering bedrooms.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Consultation with five residents individually confirmed that living in The Docks Residential Care Home was a positive experience.

Patient comments:

- “I get whatever I ask for. I have no complaints. I am quite content here.”
- “They (the staff) do everything you want. They are very friendly. Never have to wait for assistance. They are always very quick. My room is always clean and spotless.”
- “Staff are approachable. It is pretty well alright. I don’t have anything to complain about.”
- “Staff are very good and very helpful. It is spotless.”

Two visitors were consulted during the inspection. Some of their comments were as follows:

- “I just think it’s brilliant. ... is well looked after. Room is always clean and tidy; clothes are hung up or folded.”
- “The staff are very good. There is a lovely atmosphere in the home. It is very homily. Mum is a very fussy plain eater and they spoke to her to accommodate what she wants.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and valuing residents and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, the management arrangements in the home had not changed.

Discussion with the registered manager and review of auditing records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records and the environment. There was evidence of environmental quality walk arounds. The registered manager confirmed that any concerns observed would be shared at the daily flash meetings. We discussed the importance of

evidencing a review of findings to ensure completion. This will be followed up at a subsequent care inspection.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A visit by the registered provider was undertaken monthly to review the service provision in the home. 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of notifiable events and monthly monitoring.

Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

	Regulations	Standards
Total number of areas for improvement	0	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 Sara Main, registered 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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 7.4</p> <p>Stated: Second time</p> <p>To be completed by: 31 July 2019</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: 6.1</p>
	<p>Response by registered person detailing the actions taken: Reviewed consents for night checks, written consents confirmed for all residents in residential unit.</p>

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



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