

Inspection Report

24 February 2022



Springhill Residential Care Services

Type of service: Residential

**Address: c/o Cairnmartin Court Care Home, 250 Ballygomartin
Road, Belfast, BT13 3NG**

Telephone number: 028 9072 2050

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation: Amore Elderly Care Limited Responsible Individual: Miss Sarah Elizabeth Perez – not registered	Registered Manager: Miss Michelle Sargent – not registered
Person in charge at the time of inspection: Lauren McCauley – person in charge	Number of registered places: 31
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 27
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 31 residents. The home is divided into three floors with residents' bedrooms located on the ground floor. There is also a registered Nursing Home under the same roof and the manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 24 February 2022, from 9.40am to 6.05pm by a care inspector.

The inspection assessed progress with 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.

Residents told us that staff were caring and friendly. Residents who could not clearly voice their opinions were observed to be comfortable in their surroundings and indicated through non-verbal cues that they were content.

RQIA were assured that the delivery of care and service provided in Springhill Residential Care Services was provided in a compassionate manner by staff who knew and understood the needs of the residents.

One area for improvement identified at the previous care inspection was partially met and stated for a second time. Two areas for improvement were met, and two were carried forward for review at the next inspection. Four new areas requiring improvement were identified in relation

to the home's Statement of Purpose, the laundry room, the 'Resident of the Day' system and management's oversight and audit of residents' needs/ dependency levels.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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 management team at the conclusion of the inspection.

4.0 What people told us about the service

We met with 19 residents both individually and in groups. Residents described positive experiences in the home, such as friendly, kind and respectful interactions with staff. Residents who were unable to clearly communicate verbally presented as relaxed in their surroundings. Residents showing any signs of distress or discomfort were promptly and effectively supported by staff.

We spoke with seven staff. Staff demonstrated good knowledge and understanding of resident's needs and wishes, and felt they worked well together to ensure residents were well cared for. Staff's feedback regarding staffing and management arrangements was mixed. This is discussed in more detail in section 5.2.1 below.

No additional feedback was received from residents, their relatives or staff following the inspection.

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 3 November 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)		Validation of compliance
Area for Improvement 1 Ref: Standard 25.1 Stated: First time	At all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.	Partially met
	Action taken as confirmed during the inspection: Although some improvements were noted, there was insufficient progress made and so this area for improvement is only partially met and is stated for a second time. Additional information is included below in section 5.2.1.	
Area for Improvement 2 Ref: Standard 8.5 Stated: First time	All accident and incident records are to be accurate, up-to-date, signed and dated by the person making the entry.	Met
	Action taken as confirmed during the inspection: Accidents and incidents records were reviewed and cross referenced with notifications submitted to RQIA since the last inspection. Improvements were noted in both record keeping and management oversight. Therefore this area for improvement was met.	
Area for Improvement 3 Ref: Standard 5.2 and 5.3 Stated: First time	Pre-admission and needs assessments should include comprehensive details of the resident's social, emotional, psychological and spiritual needs and information about the resident's life history and current situation.	Carried forward to the next inspection
	Further information about the resident's life history and previous lifestyle, values and	

	personal preferences should be obtained on an ongoing basis and recorded.	
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 4 Ref: Standard 6.2 Stated: First time	Each resident has an individual care plan. Care plans include comprehensive details of: <ul style="list-style-type: none"> Any personal outcomes sought by the resident How information about the resident's lifestyle is used to inform practice The resident's agreed daily routine and weekly programme The management of any identified risks Strategies or programmes to manage specified behaviours 	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 Ref: Standard 28.3 Stated: First time	The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in Accident Prevention; specifically potential choking hazards.	Met
	Action taken as confirmed during the inspection: Observation of staff and review of the home's environment confirmed that safe and healthy working practices were in place in the home regarding Accident Prevention. This area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Discussion with the person in charge established that recruitment efforts were ongoing and remained a priority for the home. Staff were kept updated on recruitment plans via team meetings.

Management had a system in place to monitor staff's professional registration with NISCC. However; this did not include information on three staff members. Following the inspection, management provided written assurances confirming that all staff's NISCC registration had been checked and verified as being in date.

Staff told us that the needs and wishes of residents were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. The home had recently experienced a COVID outbreak. The person in charge highlighted the hard work of staff who "all pulled together" to ensure shifts were covered, and reduce the use of agency staff to ensure consistency for residents.

Residents confirmed that staff knew them well and how best to help them.

Staff said there was good team work and they take pride in their work. Some staff reported an improvement in staffing arrangements and morale since the last inspection. For instance, staff allocations were now in place regarding activities and for those residents requiring additional supervision and support. These arrangements were reviewed during shift handover and daily flash meetings.

However; several staff raised concerns regarding staffing levels, staff sickness, recruitment, and communication and management arrangements in the home. Staff reported that staffing levels were higher than usual on the day of inspection and that usual staffing levels were insufficient. Staff expressed concern as they described the dependency levels of residents as high at present, with some residents requiring additional supervision and assistance of two staff at times. This reflected our observations on the day, as there were several occasions when resident's approached the inspector seeking support.

Staff were clear that, even when short staffed, they ensured resident's needs were met; but that it was very challenging and meant residents may experience a delay, for instance in having a shave or getting a cup of tea when they wanted one. In addition, staff reported that there were often removed from duty in the residential home to cover care staff shortages in the nursing home. The person in charge was highlighted by staff as being very hard working and supportive, always willing to help with direct care of residents when required, but staff expressed dissatisfaction overall with management's communication and support.

Specific feedback was discussed in detail with the management team for action and review. The management team provided additional information regarding on-going recruitment and employment matters in the home. Review of governance records also provided a level of assurance that management were aware of and addressing staffing issues. Following the inspection, the management team provided written confirmation that individual care reviews were being completed for residents who are currently presenting with increased dependencies. This will be used to review planned current staffing levels. However; given the issues raised, the previous area for improvement regarding staffing arrangements is only partially met and is therefore stated for a second time. In addition, the practice of using on duty residential staff to cover staff shortages in the nursing home is to cease immediately. Each home should be adequately and discretely staffed at all times, in line with their registration. An area for improvement was identified.

5.2.2 Care Delivery and Record Keeping

Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff were observed recognising and responding to residents' needs and any early signs of distress or illness, in a timely manner. Staff's interactions with residents were calm, patient and respectful. Staff were skilled in communicating with residents, including those residents who had difficulty in making their wishes or feelings known.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, daily flash team meetings are held to review and address any care, estates, catering or domestic issues. Discussion with staff identified one resident who has presented with significant changes in their needs and behaviours. Review of care documentation and observation of practice confirmed that staff had escalated this to the multi-disciplinary team, including Speech and Language Therapy. However; staff remained concerned regarding the supervision arrangements required, due to current staffing levels. Following the inspection, the management team confirmed that an urgent care review had been arranged. Areas for improvement were identified in relation to staffing arrangements as discussed in section 5.2.1 above.

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents' needs and if required care staff consulted the District Nurse and followed the recommendations they made. In addition, skin integrity risk assessments are in place to monitor and ensure any changes in resident's presentation can be identified and responded to.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Examination of dysphasia competency records identified a number of staff who were not up to date. However, records shared post inspection by the management team confirmed that the majority of staff had completed the relevant training; therefore an area for improvement was not identified on this occasion.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that overall; the home was clean, tidy and well maintained. We noted some damage to the ceiling outside one bedroom. Management confirmed that appropriate remedial action was taken immediately following the inspection.

The laundry area was found to be cluttered and dusty in areas. Both hand washing sinks were not clean and soap was not available at one of the sinks. Personal protective equipment (PPE) was not appropriately stored and there was evidence of inappropriate storage of resident's

equipment. This was discussed with the management team who immediately arranged for the above deficits to be addressed. An area for improvement was identified.

Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. A communal café area had been repainted and redecorated; residents commented, "It's lovely and airy" and enjoyed using the room now for small group activities.

Observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. However; some of the PPE in use, specifically vinyl gloves, was not indicated for use in a healthcare setting. Best practice guidance was shared with the manager following the inspection. Assurances were provided by the regional manager that the use of such PPE would cease immediately, and the appropriate alternative provided for staff in the home.

There was evidence that 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 and any outbreak of infection was reported to the Public Health Authority (PHA).

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

Discussion with residents and observation of practice confirmed that they were able to choose how they spent their day. Staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

The home operates a 'Resident of the Day' system to provide residents with the opportunity to share their views and opinions on the home, on an individual basis. This involves a holistic assessment, including consultation with all staff teams working in the home, such as housekeeping and the catering team. Review of governance records evidenced that resident's care needs were reviewed in detail, but that on a number of occasions, there was no input from other staff teams. This limited residents' opportunities to discuss any specific issues relating to their environment, their diet, and how they would like to spend their time. An area for improvement was identified.

Staff spoken with described how they strive to ensure the residents have a high quality of life in the home. Poster boards displayed the range of activities offered in the home, including breakfast club, arts and crafts and pamper sessions. The male residents had recently enjoyed watching rugby matches in the 'pub' in the nursing home upstairs.

Both residents and staff commented on the activities co-ordinator, who was described as "fantastic" and "so lovely." The activity therapist was on planned leave on the day of inspection. Arrangements were in place for care staff to offer social and leisure activities during this time. For instance; female residents enjoyed a morning pampering session in the lounge, having their hair curled and nails painted and a movie day was planned for the afternoon. Staff did report

they found it difficult to provide activities at times, due to ongoing work demands – this was discussed in section 5.2.1 above.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Miss Michelle Sargent has been the manager in this home since 14 June 2021 and has applied to register with RQIA.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. Deficits were noted in audits relating to resident's assessment of need/dependency levels. Given the issues raised and discussed in section 5.2.1, this was highlighted on the day of inspection, and an area for improvement identified.

Discussion with the person in charge and review of governance records confirmed that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. The person in charge described how any incidents were seen as an opportunity for the team to learn and improve. This was facilitated through additional and refresher training for staff in areas such as care recording and dementia; review of staff competency and capability assessments; and increased frequency of related audits to improve management oversight.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2021)**

	Regulations	Standards
Total number of Areas for Improvement	1	6*

* the total number of areas for improvement includes one standard that has been stated for a second time and two standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 3 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that the home operates in line with its registration and Statement of Purpose as a Residential Care Home. Ref: 5.2.1
	Response by registered person detailing the actions taken: Statement of purpose to be reviewed and updated alongside new service providers (HCI). The registered Manager will ensure the home operates in line with its registration and statement of purpose on an ongoing basis. This will be reviewed monthly during reg 29 visits.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)	
Area for improvement 1 Ref: Standard 25.1 Stated: Second time To be completed by: Immediate and ongoing	At all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements. Ref: 5.1 & 5.2.1
	Response by registered person detailing the actions taken: Recruitment ongoing at present. Staffing needs reviewed and discussed with new providers. Positions advertised by new providers. 2x full time care assistants successfully recruited. Bank care assistants also recruited and going through onboarding process. Progress communicated with team. Activity board in place and activities discussed/arranged during daily handover. Dependency assessments reviewed for all Residents to ensure individual needs met.
Area for improvement 2 Ref: Standard 5.2 and 5.3	Pre-admission and needs assessments should include comprehensive details of the resident's social, emotional, psychological and spiritual needs and information about the resident's life history and current situation.

<p>Stated: First time</p> <p>To be completed by: ongoing</p>	<p>Further information about the resident's life history and previous lifestyle, values and personal preferences should be obtained on an ongoing basis and recorded.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: ongoing</p>	<p>Each resident has an individual care plan. Care plans include comprehensive details of:</p> <ul style="list-style-type: none"> • Any personal outcomes sought by the resident • How information about the resident's lifestyle is used to inform practice • The resident's agreed daily routine and weekly programme • The management of any identified risks • Strategies or programmes to manage specified behaviours <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 4</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that the laundry is kept clean and all items are stored appropriately.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Laundry cleaning standards and expectations shared with housekeeping team via whole home team meeting on 16/03/22. Expectations also shared directly with housekeeping team through supervision. Presentation of laundry room checked during Manager daily walk rounds to ensure standards maintained.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 1</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The 'Resident of the Day' system should be reviewed to ensure they clearly evidence residents' views and how their comments are used to shape the quality of all services and facilities provided by the home.</p> <p>Ref: 5.2.4</p>

Immediate and ongoing	Response by registered person detailing the actions taken: Standard discussed during whole home team meeting on 16/03/22. Resident of the day document to be completed in full ensuring Residents wishes and views are documented to support their quality of service. Resident of the day documentation to be reviewed by home Manager to ensure it is completed in full and Residents views/wishes are acknowledged/supported.
Area for improvement 6 Ref: Standard 20.2 and 20.10 Stated: First time	The registered person shall review the home's current system of management oversight regarding resident's assessment of need/dependency levels, to ensure this is effective and accurate. Ref: 5.2.5
To be completed by: Immediate and ongoing	Response by registered person detailing the actions taken: Dependency assessments reviewed monthly or sooner if required. Monitoring will continue with new internal governance systems (HCI monthly care plan audit) and during reg 29 visits.

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

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

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