

Inspection Report

3 November 2021



Springhill Residential Care Services

Type of Service: Residential Care Home
Address: c/o Cairnmartin Court Care Home.
250 Ballygomartin Road,
Belfast, BT13 3NG
Tel no: 028 9072 2050

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 Elderly Care Limited Responsible Individual: Ms Sarah Elizabeth Perez – not registered	Registered Manager: Miss Michelle Sargent – not registered
Person in charge at the time of inspection: Michelle Sargent	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 the residential home on the ground floor. There is a registered Nursing Home which occupies the first floor and the manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 3 November 2021, from 9.15am to 3.40pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified in relation to review of staffing arrangements, recording of accidents and incidents, pre-admission and needs assessments, personalised care planning, and monitoring of potential environmental hazards.

Residents were relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Springhill was compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the manager and 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 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 management team.

4.0 What people told us about the service

We spoke with seven residents, who told us they liked the staff and the company of other residents in the home. Residents who were unable to express their opinions verbally looked relaxed and indicated through non-verbal cues that they were comfortable.

We spoke with six staff during the inspection. All staff stated that residents are well cared for, however staff expressed concerns about the negative impact of staff sickness on staffing arrangements in the home. Specific comments were discussed with the manager and discussed further in section 5.2.1.

Following the inspection, RQIA received ten completed residents' questionnaires. Nine respondents confirmed they felt safe in the home, that staff are kind and that the care is good in the home. Eight respondents confirmed that they felt that the home is well organised. Specific comments were shared with the manager for action and review.

No responses were received from staff or from residents' relatives.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Springhill Residential Care Services was undertaken on 26 May 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that there was enough staff on duty to meet the immediate needs of the residents and it was clear that the residents' needs and wishes were very important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. However; staff were not satisfied with the overall staffing arrangements in the home and advised that the planned number of care staff on duty could vary due to frequent short notice sick leave. Management were aware of these concerns but staff did not feel they had been kept informed about how their concerns were being addressed.

Staff felt that current staffing arrangements could limit the time they were able to spend with each resident on a one to one basis, and to ensure resident's social and emotional needs were fully met. For instance, spending time chatting with a resident who prefers to spend time in their bedroom and may be at risk of social isolation. This reflected our observations on the day; staff met residents' needs in a timely way but interactions were somewhat task-orientated. An activities co-ordinator is employed in the home however they were not working on the day of inspection and alternative arrangements were not in place. Specific tasks, such as completion of 15 minute observations, were not clearly delegated. Details were discussed with the manager during feedback and an area for improvement was identified.

Discussion with the manager and review of governance records established there was ongoing recruitment in the home and the manager planned to increase the amount of bank care staff to provide additional resources to cover staff leave and sickness. To date, the home's recent recruitment drive has been unsuccessful. There was acknowledgement of recruitment difficulties being experienced across health and social care services currently; however we were assured that recruitment remains a priority for the management team. The manager advised that a staff meeting had already been scheduled to update staff on ongoing recruitment. Following the inspection, the manager advised that several vacant posts had now been filled.

5.2.2 Care Delivery and Record Keeping

Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff recognised and responded to residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were adept at comforting and reassuring residents who became distressed or expressed their wishes to leave the home.

At times some residents may require a secure environment such as a locked door, or be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Initial 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. However, review of the home's accidents and incidents log identified some inconsistencies in the recording of unwitnessed falls. This was discussed with the manager and an area for improvement was identified. Following the inspection, we also received written confirmation from the manager that all incidents had been reviewed and had been managed appropriately.

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.

The dining experience was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

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. Pre-admission assessments lacked detail regarding resident's life history and social, emotional, psychological and spiritual needs. In addition, this information was not consistently discussed and recorded with residents following their admission. This is important to ensure that care is planned and delivered in accordance with a resident's lifestyle, values and personal preferences. An area for improvement was made.

Care records were regularly reviewed and updated regarding residents' needs. Some care plans contained inaccurate personal details. There was limited personalised detail on residents' individual likes and preferences. Care plans regarding resident's mental health, dementia care and social and leisure needs were generic, lacking specific guidance for staff, including strategies or programmes to manage specified behaviours. An area for improvement was identified.

Residents care records were held confidentially. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. Residents confirmed that staff kept the home clean and comfortable.

Residents' bedrooms were personalised with items important to the resident. 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.

There were several communal areas available to residents including a resident's café where activities equipment was stored. A 'candy cart' containing food was left unlocked creating a possible risk to residents. The manager addressed this on the day and an area for improvement was identified.

Fire safety measures were in place and managed to ensure residents, staff and visitors to the home were safe. The most recent fire risk assessment was completed in the home in September 2021 and the manager confirmed that any identified actions were being addressed on an ongoing basis.

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, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, 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. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

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

5.2.4 Quality of Life for Residents

The residents we met and spoke with during the inspection confirmed that care was good in the home. Residents who had difficulty communicating indicated their contentment through non-verbal responses, such as smiling, waving, nodding or thumbs up. As discussed in section 4.0, we also received positive feedback from residents following the inspection.

Staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear and food and drink options.

Discussion with residents confirmed that they were able to choose how they spent their day. Some residents enjoyed listening to music or watching television in the main lounge, while other residents preferred the quiet atmosphere or privacy of the second smaller lounge or their own bedrooms.

Resident meetings were held on a monthly basis, which provided an opportunity for residents to comment on aspects of the running of the home.

An activities schedule was on display in the home. The range of group activities included social, community, cultural, religious, spiritual and creative events. As discussed in section 5.2.1, an area for improvement was identified regarding staffing arrangements to include activities provision and consideration of individual activities. Areas for improvement were also identified in section 5.2.2 regarding personalised care planning. Addressing those areas for improvement will further enhance resident's experience living in the home and their overall quality of life.

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 a change in the management of the home since the last inspection. Miss Michelle Sargent was appointed as manager since 14 June 2021. RQIA were notified appropriately.

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 system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

The manager had also implemented improvements and shared learning from the most recent inspection of the Nursing home, which is on the same site and under the same management. This is good practice and provided additional assurance of quality improvement efforts in the home.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. This included robust oversight of Deprivation of Liberty Safeguards implemented in the home.

Review of the home's record of complaints and compliments 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.

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.

6.0 Conclusion

The home was clean, tidy and comfortable for residents.

Residents told us they liked the staff and we observed kind, friendly and caring interactions between residents and staff. Staff knew the residents well and responded to their needs in a timely and respectful manner. There was clear evidence that resident's personal care, physical health and nutritional needs were well met in the home. Good management and governance arrangements were in place.

Based on the inspection findings five areas for improvement were identified in relation to safe and effective care. Details can be found in the Quality Improvement Plan included below.

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' Minimum Standards (August 2021)**.

	Regulations	Standards
Total number of Areas for Improvement	0	5

Areas for improvement and details of the Quality Improvement Plan were discussed with Michelle Sargent, manager, and Tracey Henry, operations 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 Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 25.1 Stated: First time To be completed by: Immediate and ongoing	<p>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.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: In order to meet the assessed care, social and recreational needs of residents within the home, we have recruited a number of Care Staff for full time and bank positions who are currently being processed through recruitment. Adverts remain live at this time. HR policy and processes are followed to manage staff absences which includes escalation to and support from HR. Staff absences are covered with bank or regular agency staff and there is a contingency plan for staff shortages. Arrangements have been made where the Activities Coordinator is off duty. Poster boards are updated weekly and activities discussed daily at handover. Allocations are completed and an activities person identified to ensure follow through with the arranged poster board activities. Specific tasks such as 15 minute observations are allocated during AM handover and further identified during daily flash meetings. A team meeting was completed in November 2021 during which the Manager updated staff regarding recruitment for the home and future plans. There is a team meeting schedule in place which will allow for further updates on a regular basis. The Manager will also communicate recruitment updates during daily flash meetings to ensure staff are fully informed at all times.</p>
Area for improvement 2 Ref: Standard 8.5 Stated: First time To be completed by: Immediate and ongoing	<p>All accident and incident records are to be accurate, up-to-date, signed and dated by the person making the entry.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: All accidents and incidents are managed appropriately. The Manager will continue to review accident and incident forms to ensure information is accurate and correct. The Manager will ensure that any incidents that occur within the home are accurately logged and all information correlates. Incident logs will continue to be reviewed monthly prior to the home's monthly governance meeting.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 5.2 and 5.3</p> <p>Stated: First time</p> <p>To be completed by: ongoing</p>	<p>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> <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> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Manager will ensure that residents pre-admission assessments are reflective of the individual's social, emotional, psychological and spiritual needs. These needs will be reviewed monthly as part of the ROTD (Resident of the Day) and changes reflected in resident's care plan and one page profiles. Each Resident will have an up to date Kitwood assessment which will be person centred to each individual and indicate current supports required, what's important to the individual, their likes and dislikes. A focus will be placed on developing life stories for each individual resident in the New Year. This will include arranging a date with family members and residents to discuss their life history. This will be conducted by the Activity Coordinator and key worker for the resident. A schedule will be developed to ensure all residents are included.</p>
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<p>Area for improvement 4</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 <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Resident's care plans will be continuously reviewed to ensure they remain accurate and up to date. New keyworkers have been assigned to each resident who will ensure ongoing review of care plans and relevant documentation. Should a resident's needs change or a new need be identified, Keyworkers will ensure care plans are updated within a timely manner. Care plans will also be more detailed, individualised and specific to the person. Risk assessments will be developed and updated for any newly identified risks and information shared with the Team to ensure consistency when supporting each individual. Where a specific behaviour is identified for a person, a care plan will be developed detailing specific strategies for managing that behaviour. The Manager will continue to complete documentation audits every fortnight. A particular focus will be placed on ensuring care plans are detailed and specific to the person.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>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.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Manager will ensure that resident's ongoing safety is maintained. This includes ensuring the candy cart remains locked when not in use to minimise the risk of choking to those individuals on a modified diet. This has been added to the restrictive practice log in place for the home. This has been circulated amongst the Team and all staff are trained in the management of choking. The candy cart will be checked during the Manager Daily Walk Round to ensure it remains locked when not in use.</p>

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