

Announced Care Inspection Report 26 May 2020



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 90722050
Inspector: Marie-Claire Quinn

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 registered to provide care for up to 31 residents living with dementia. The home is located on the same site as Cairnmartin Court Nursing Home and shares the same manager.

3.0 Service details

Organisation/Registered Provider: Amore Elderly Care Limited Responsible Individual: Nicola Cooper	Registered Manager and date registered: Fiona Archer 25 February 2019
Person in charge at the time of inspection: Fiona Archer	Number of registered places: 31
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 23

4.0 Inspection summary

An announced short notice inspection took place on 26 May 2020 from 11.10 hours to 16.50 hours. This inspection was completed on the same date as an inspection of the nursing home, which is on the same site.

During the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in care homes.

RQIA were aware of an outbreak of Covid 19 in this home, notified to us on 16 April 2020. Following additional concerns reported to us by the Belfast Health and Social Care Trust, RQIA decided to undertake an inspection to this home. This inspection focused on the following areas:

- care delivery
- management and use of Personal Protective Equipment (PPE)
- care recording
- governance and management arrangements.

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.

4.0 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Fiona Archer, manager, as part of the inspection process and can be found in the main body of the report.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed, including:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- care records of two residents
- food and fluid charts for five residents
- a sample of staff supervision and competency assessments
- a sample of governance records.

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 previous inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 11 November 2019; no further actions were required to be taken following this inspection.

6.2 Inspection findings

6.2.1 Care delivery

Residents looked well cared for; it was evident that their personal care needs were attended to daily. The home had implemented social distancing measures where possible given the residents' specific care needs. Many residents remained in their rooms, although they could use the communal lounge areas if they preferred and this was facilitated by staff.

Staff interacted with residents in a friendly and cheerful way. Staff made good efforts to engage well with residents, despite the difficulties with communication due to the use of face masks. Staff were quick to respond to any signs of confusion or distress; residents seemed comfortable and relaxed with staff.

We observed staff offering and encouraging residents to drink and eat at regular intervals throughout the day. One resident who had just returned from hospital had asked for a cup of tea which was immediately provided. The resident told us they were “glad to be back home.”

The home had received positive feedback from many relatives; there were numerous thank you letters and cards displayed at the entrance to the home. Staff told us that families and the local community had been very supportive and this had helped maintain good morale in the home. One family had given all staff a small token – an inscribed wooden heart – to thank them for their kindness.

We spoke with four members of staff, who displayed commitment and empathy towards the residents. All of the staff spoke compassionately in relation to the impact of the recent outbreak of COVID 19 on residents, relatives and staff. They told us how they had given up annual leave and worked overtime to ensure there was always enough staff in the home for the residents during the outbreak. Staff spoke warmly about the residents who were no longer in the home and how they had ensured they had been comfortable and treated with dignity during end of life care. Staff told us:

- “I have kids and childcare can be difficult, but I want to be here for the residents. They just want to be in each other’s company, and we try to balance that with keeping them safe with the social distancing.”
- “I was anxious about returning to the home, but I have enjoyed it and I’m so glad to see all the residents again.”
- “I’ve worked in other homes – they are not like here. I have no concerns about the care here. The only difficulty is trying to social distance with the residents – they don’t always understand and you can see their mental health declining. Some do go into the lounge and you see their face light up being with other residents.”
- “We are trying to keep residents safe but they do miss their friends and socialising. We do our best and work together.”

6.2.2 Management and Use of Personal Protective Equipment (PPE)

Prior to the inspection, the Belfast Health and Social Care Trust (BHSCT) had undertaken a support visit to the home and identified some Infection Prevention and Control (IPC) issues. The Trust had provided the manager with verbal feedback at the conclusion of their visit and a report has since been received by the home. At the time of our inspection, a meeting with the Trust had been arranged to discuss their findings and the action that had already been taken to address some of the issues identified.

The home was clean, tidy and well ventilated. Signs were visible at the entrance and throughout the home providing information on coronavirus and need for infection prevention and control measures.

Supplies of PPE were available at the entrance to the home and in dedicated PPE stations throughout the home.

We observed staff wearing the appropriate PPE. Staff adhered to infection prevention and control practices such as the donning and doffing of PPE and good hand hygiene. No concerns about the availability of PPE were raised by staff. Staff told us they felt safe working in the home.

When we arrived at the home, some staff were having their break outside and we saw that they were not fully maintaining social distancing. This was discussed with the manager who agreed to remind staff of best practice.

6.2.3 Care recording

We reviewed care records in relation to resident's nutritional needs. Care plans were person centred and holistic. Staff completed food and fluid charts in a timely manner. Any changes in resident's appetite or weight were recorded and appropriate action taken, including referrals to multi-agency professionals such as Speech and Language Therapy.

It was positive to note that a specific risk assessment and care plan had been created for residents in relation to the risk of coronavirus.

We did ask the home to ensure care records fully reflected the social care model and specific regional guidance for Northern Ireland. For instance, some records included assessment tools such as Braden or Cornell scale for depression which are used in nursing homes. The manager agreed on the need to ensure that such tools are only completed when necessary and by staff who are competent and capable to do so.

6.2.4 Governance and management arrangements

Staff confirmed that the home's management were supportive, available and accessible. They felt there was good communication in the home, with regular handovers and updates as regional guidance changed. Staff told us:

- "I'm just back from leave. Fiona (manager) and Renata (deputy manager) have been supportive. I got a good handover and an induction refresher."
- "Fiona is a rock."
- "Fiona is fantastic; she is the most supportive manager I've had in the 6 years I've worked here...she is so supportive and understanding."

We reviewed records which confirmed staff had been provided with training and had been deemed competent and capable in the donning and doffing of PPE and hand washing technique. This reflected our observations during the inspection.

Management also completed environmental walk rounds to review the cleanliness of the home and spot checks of care records. If issues were identified, there was a clear action plan which was completed and reviewed. Staff were provided with additional training and supervision if required.

Areas of good practice

Areas of good practice were identified in relation to care delivery, the commitment and compassion displayed by staff, and the communication and support offered by the registered and deputy managers.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

The home was clean and tidy throughout.

There was enough staff on duty to provide prompt and effective care to residents. Staffs interactions with residents were kind, caring and compassionate.

There was ample supply of PPE and staff adhered to the correct infection prevention and control practices and measures as required.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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