



# Unannounced Care Inspection Report 6 February 2020



## Redford

**Type of Service: Residential Care Home**  
**Address: 15 Redford Road, Cullybackey BT43 5PR**  
**Tel No: 02825880671**  
**Inspector: Michael Lavelle**

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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 30 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Redford Residential Care Homes Ltd  <b>Responsible Individual(s):</b> John Wallace – registration pending	<b>Registered Manager and date registered:</b> Trevor Gillen – 21 November 2013
<b>Person in charge at the time of inspection:</b> Kim Robinson, senior care assistant  Trevor Gillen joined in the afternoon for feedback	<b>Number of registered places:</b> 30  Maximum of 6 residents in RC-DE category of care
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH (E) - Physical disability other than sensory impairment – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 27

### 4.0 Inspection summary

An unannounced care inspection took place on 6 February 2020 from 10.05 hours to 16.20 hours.

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.

Areas for improvement in respect of previous estates inspection have also been reviewed and validated as required. Areas for improvement in respect of the previous pharmacy inspection have been carried forward to the next care inspection.

Evidence of good practice was found in relation to staff's knowledge of residents care needs, wishes and preferences and compassion towards residents and management's response to regulation.

Areas requiring improvement were identified in relation to the duty rota, recording of visitors to the home, infection prevention and control, fire safety, activity provision and monthly monitoring of the quality of services provided in the home.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with other residents and staff.

Comments received from residents and staff during 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>	*5	*6

\*The total number of areas for improvement includes five which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Trevor Gillen, 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 21 November 2019

The most recent inspection of the home was an announced variation to registration inspection undertaken on 21 November 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.

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

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

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

- staff duty rota for week commencing 3 February 2020
- a sample of competency and capability assessments
- accidents and incidents records from July 2019 to November 2019
- care records of two residents

- complaints record
- statement of purpose
- service user guide
- RQIA registration certificate

Areas for improvements identified at the last care and estates inspection were reviewed and assessment of compliance recorded as met, partially met, or not met. Areas for improvement identified at the last pharmacy inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 21 November 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 20 (3) <b>Stated:</b> First time	The registered person shall ensure that any member of staff who is in charge of the home in the absence of the registered manager has a competency and capability assessment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of competency and capability assessments evidenced this area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 20 (2) (f) and (g) <b>Stated:</b> First time	The registered person shall ensure that a minimum ratio of 1.5 sq m of dining space will be available for all residents	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment confirmed that works were nearing completion. Discussion with the manager confirmed the staff room area will be developed to meet the minimum requirement. The manager agreed to email the aligned inspector to update them once works have been completed. Due to the satisfactory works completed to date this area	

	for improvement is met.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 27 (4) (a) <b>Stated:</b> First time	The registered person shall ensure that all wall and ceiling services penetrations are fire stopped with 30 minute fire resistant material. Staffing levels must comply with NIHTM 84 fire risk assessor`s requirements.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the affected area in the laundry confirmed satisfactory works had been completed. The manager confirmed staffing levels comply with NIHTM 84 fire risk assessor`s requirements.	

<b>Areas for improvement from the last medicines management/estates/finance inspection</b>		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that robust arrangements are in place for the management of controlled drugs.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 6 <b>Stated:</b> Second time	The registered provider should develop a system to ensure that the information in care plans is up to date.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall ensure that two staff are involved in the transcribing of medicines information and both staff sign the record.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall review staff training in relation to the management of diabetes.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 32 <b>Stated:</b> First time	The registered person shall review the storage arrangements for medicines.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	

## 6.2 Inspection findings

### Staffing levels

Discussion with the manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the residents were met.

A review of the duty rota for week commencing 3 February 2020 evidenced that the planned staffing levels were adhered to. However, the duty rota did not clearly identify who was in charge of the home on each shift. This was discussed with the manager and an area for improvement was made.

Observation of the delivery of care evidenced that residents' needs were met by the levels and skill mix of staff on duty. We saw that there was sufficient staff on duty to meet the needs of residents. Residents and care staff we spoke with expressed no concerns regarding staffing levels in the home.

### Environment

On arrival at the home we saw there was no book available to record the names of visitors to the home. Staff said it had been misplaced due to ongoing work in the home. We observed multiple visitors to the home during the inspection although their names were not recorded. This was discussed with the manager and applicant responsible individual an area for improvement was made.

We found the home to be warm and tidy. One identified cupboard was found to be cluttered. This was discussed with staff for action as required. All the residents we spoke with told us they found the home warm. Some residents told us that at times, they were too warm. We did note that the corridor to the new extension in the home was quite warm. This was discussed with staff at the time for action as required.

Observation of practice and discussion with staff evidenced deficits in infection prevention and control (IPC) practices. Staff were knowledgeable in relation to best practice guidance with regards to hand hygiene and use of personal protective equipment (PPE). However shortfalls identified related to hand hygiene, availability and use of PPE, decontamination of and storage of patient equipment, environmental cleaning and storage of communal toiletries in bathrooms. This was discussed with the manager who agreed to address the deficits identified to ensure best practice guidance is adhered to. An area for improvement was made.

During review of the environment we saw the doors to a bathroom and dining room were propped open. As these are fire doors, we advised management that this practice must cease immediately. There was painting ongoing in the home and we also saw at least three smoke detectors covered with gloves. This was discussed with management and an area of improvement has been made.

We asked management to review the poor lighting in an identified corridor and to fix the emergency pull cord in an identified bathroom to ensure the safety and wellbeing of residents in the home. We saw that the dining room carpet reference in a previous care inspection report has not been replaced. The manager confirmed that due to the delay in the completion of works in the home this had not been done. The manager agreed to email the aligned inspector once the works are completed and a new carpet has been fitted.

Prescribed medication was observed to be stored in two identified bathrooms. We also saw cleaning chemicals stored in an unlocked cupboard. This was discussed with staff who addressed these issues before the end of the inspection. We asked the management and staff to be vigilant to this on their daily walk around. This will be reviewed at a future care inspection.

A new extension in the home had been recently completed. We commended the home on the high standard the extension was finished to. Residents were very complimentary of their new surroundings. We did observe that some of the bedrooms in the home did not have bedside lighting. This was discussed with the manager who agreed to audit all the bedrooms in the home to ensure they are compliant with sections E26 and N25 of the Residential Care Homes Minimum Standards August 2011 which outline what is required in residents' bedrooms.

## **Care delivery**

There was a pleasant, relaxed atmosphere in the home throughout the inspection; staff and residents had cheerful and friendly interactions. Residents were well presented, receiving support with personal care in a timely and discrete manner. Residents were comfortable around staff and in approaching them with specific requests or just to chat.

Staff were knowledgeable and adept at communicating with residents in both verbal and non-verbal styles. Residents who were unable to clearly verbally communicate were content engaging in their preferred activities. Any signs of discomfort or distress were promptly and effectively addressed by staff.

The staff we spoke with could describe the specific needs, interests and personalities of the residents; there was a clear person centred focus in the home.

We observed part of the lunch time meal. Residents were encouraged to be independent, with staff visible and available for support as required. The food looked appetizing and was well presented. Dining arrangements that were in place due to the ongoing work appeared to



work well. We saw that the planned menu was not adhered to on the day of the inspection. We asked the cook to ensure they retain a record of any changes to the planned menu. This will be reviewed at a future care inspection.

### **Care records**

We reviewed the care records of two residents. These contained a person centred care plan, which had been completed with residents and/or their representatives. There was evidence of regular review, including annual review with multi-agency professionals. Care plans were reflective of recommendations made by the multidisciplinary team including podiatry and the optician. This is good practice to ensure the care and support plan remains relevant and up to date for each resident.

We saw that one care plan had not been reviewed since November 2019. A further care plan did not reflect the potential risk to a patient who was at risk of falls and were on blood thinning medication. This was discussed with the manager for action as required. We asked the manager to ensure staff record the date and time of their entries in resident care records.

### **Activities provision**

The staff we spoke with had a good knowledge and understanding of the need for social and leisure opportunities to support residents' health and wellbeing. However, review of the duty rota and discussion with staff confirmed that no staff had been allocated to lead on activities in the home in the absence of an activity co-ordinator. Review of care records evidenced an absence of individualised activity planners for residents.

There was limited evidence that residents' were being supported to engage in meaningful activities on a consistent basis. No activity planner was available for review on the day of inspection. Observation of practice on the day of inspection identified a lack of structure and routine for some residents. This was discussed with the manager and an area for improvement has been made.

### **Consultation**

During the inspection we spoke with 14 residents, one relative and seven staff. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others. Residents said:

"I couldn't complain. It is friendly and comfortable here. That's all you need."

"They are looking after me well. The food is good. You don't get much of a choice of what to eat. I am as happy here as I would be anywhere."

"I love it here. They are marvellous. They spoil me. It is great."

"The place is alright but the food is not good."

"It's fine. I am only here for a short time. The food is very good."

"It's ok. I would like to get my own house. The staff are very nice. Sometimes they ask me what I want to eat."

"I'm very content."

"It's nice but I can't wait to get home."

The relative spoke positively in relation to the care provision in the home. They said:

“Everyone is really friendly and the care is good.”

Comments from staff spoken with during the inspection included:

“I enjoy it here. I like seeing the residents happy and fulfilling their needs.”

“I feel supported by the management and seniors. We all get on really well. John (responsible individual) and Trevor (manager) are brilliant.”

“The management are good and we work well together. It is like home from home.”

“We have a great set of girls working here.”

“I am very happy here. The staff are very close. I am happy with the care we give.”

## Management arrangements

There was evidence that the manager had oversight of the day to day working in the home. Competency and capability assessments were completed for staff to be in charge of the home in the absence of the manager and notifications were submitted to RQIA in accordance with regulations.

We discussed ways the manager could enhance the current governance systems particularly with regards to developing an environmental and hand hygiene audit. The manager agreed to review this.

Review of records evidenced that quality monitoring visits were not completed on a monthly basis on behalf of the registered provider in accordance with the relevant regulations and standards. This was discussed with the applicant responsible individual who agreed to address this. An area for improvement was made.

We reviewed the complaints received in the home. Those recorded in the complaints book were managed in keeping with best practice guidance. Management outlined the current complaints procedure in the home and staff confirmed they would ask complainants if they wished to make a formal complaint and only then would they document this in the complaints book. We asked the manager to ensure all expressions of dissatisfaction are managed as a complaint. This will be reviewed at a future care inspection.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

## Areas of good practice

Areas of good practice were identified in relation to staff’s knowledge of residents care needs, wishes and preferences and compassion towards residents and management’s response to regulation.

## Areas for improvement

Areas for improvement were identified during the inspection as detailed in the QIP below.

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	2

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Trevor Gillen, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time  <b>To be completed by:</b> 8 January 2019	<p>The registered person shall ensure that robust arrangements are in place for the management of controlled drugs.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 19 (2) Schedule 4 (22)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure a record of all visitors to the home is maintained. This should include the name of all visitors.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            The visitors book has been returned to its normal place and available for all visitors to sign in and out</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between residents and staff.</p> <p>This area for improvement is made in reference to the issues highlighted in 6.2.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            All staff have been instructed to read the homes infection control policy. In addition to this, senior care assistants have increased daily observations of infection control practice in the home</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall take adequate precautions against the risk of fire by ensuring smoke detectors are not occluded and that the practice of propping open fire doors ceases immediately.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            Building contractors have been advised not cover smoke detectors. All staff have been advised that the propping of fire doors was to cease immediately</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 18 (2) (n)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that the home consults with residents and/or their representatives to plan and offer a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents. Arrangements for the provision of activities should be in place in the absence of the activity co-ordinator.</p> <p>Ref: 6.2</p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 8 January 2019</p>	<p>The registered provider should develop a system to ensure that the information in care plans is up to date.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 January 2019</p>	<p>The registered person shall ensure that two staff are involved in the transcribing of medicines information and both staff sign the record.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 January 2019</p>	<p>The registered person shall review staff training in relation to the management of diabetes.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The registered person shall review the storage arrangements for medicines.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>

8 January 2019	
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 25.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure the duty rota identifies the name of the person in charge of the home on each shift.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> The person in charge of the home on each shift is now highlighted in red on the rota</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 20.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall monitor the quality of services in accordance with the home's written procedures and complete a monitoring report on a monthly basis.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> A monitoring report will be completed on a monthly basis</p>

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



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