

Inspection Report

6 September 2022



Redford

Type of service: Residential Care Home
Address: 15 Redford Road, Cullybackey, BT43 5PR
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: Redford Residential Care Homes Limited</p> <p>Responsible Individual : Mr John Wallace</p>	<p>Registered Manager: Mrs Paula Douglas</p> <p>Date registered: 14 October 2021</p>
<p>Person in charge at the time of inspection: Jodi Weir, Senior Care Assistant</p>	<p>Number of registered places: 30</p> <p>Maximum of 6 residents in RC-DE category of care</p>
<p>Categories of care: Residential Care (RC) DE – Dementia. PH(E) - Physical disability other than sensory impairment – over 65 years. I – Old age not falling within any other category.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 28</p>
<p>Brief description of the accommodation/how the service operates: This is a registered Residential Home which provides social care for up to 30 residents. The accommodation is on one level and residents have access to communal lounges, a dining room and a garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 6 September 2022, from 9.20 am to 3.50 pm by a 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.

Two areas for improvement identified at the previous care inspection were assessed as met. Three areas for improvement relating to medicines management were not reviewed at this inspection and will be carried forward.

The home's environment was clean, warm and well lit. There was a calm and welcoming atmosphere.

Generally residents looked well cared for in that attention had been paid by staff to personal care and dressing needs. One resident required further assistance with personal care needs after staff had completed assisting them in the morning, and two residents required nail care. This was highlighted to staff who addressed these issues immediately.

Residents said that living in the home was overall a good experience, while some said that they would like more organised activities. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Residents were seen to move freely around the home and to utilise communal spaces.

Staff were seen to provide prompt response to residents needs and to address residents, visitors and each other with respect. We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

Areas for improvement were identified in relation to recruitment systems, management of infection prevention and control (IPC) in the environment, auditing, provision of activities, and environmental décor and maintenance.

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 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 person charge at the conclusion of the inspection. The management team were informed of the inspection findings by telephone following the inspection.

4.0 What people told us about the service

During the inspection we consulted with seven residents, one relative, and four staff. We received completed questionnaires from five residents and four relatives following the inspection. No staff surveys were received within the allocated timeframe.

Residents told us that staff were “helpful” and “good”, and that they were “pleased with the care.” Residents said that they were happy with the food on offer.

Some residents said that there was not much to do during the day and that they would like more organised activities to occupy their time. This is discussed further in section 5.2.4.

Questionnaire responses from residents indicated that they were satisfied or very satisfied with the care and services provided in Redford, saying “I couldn’t ask for more”, and “I’m very happy here.”

Relatives told us that they were very satisfied with the care and services provided in Redford and that the home was well managed.

Staff said that they were supported to carry out their roles and that Redford was a good place to work.

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 27 October 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for Improvement 1</p> <p>Ref: Regulation 27 (4) (a) (e) (f)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in regard to fire safety arrangements:</p> <ul style="list-style-type: none"> • The fire risk assessment is effectively maintained by the manager and evidences any actions taken in regard to recommended actions required • Staff receive regular training in fire safety drill procedures • Staff receive mandatory fire safety training at suitable intervals <p>Evidence of staff attendance at fire safety training sessions is accurately recorded and maintained</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for Improvement 2</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that in the event of a fall:</p> <ul style="list-style-type: none"> • The resident's falls observation chart is completed for the specified timeframe as outlined in the home's fall policy • If observations are stopped before the specified timeframe a clear rationale is documented • Relevant documentation is completed in an accurate, comprehensive and contemporaneous manner at all times • A post fall analysis is completed for all residents who have experienced a fall. 	<p>Met</p>

	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for improvement 3 Ref: Regulation 13 (4) Stated: First time</p>	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines, including those identified at this inspection. Any shortfalls identified should be detailed in an action plan and addressed.</p> <p>Ref: 5.2.3</p> <p>Action required to ensure compliance with this regulation was not reviewed and this will be carried forward to be reviewed at the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1 Ref: Standard 30 Stated: Second time</p>	<p>The registered person shall monitor the administration of medicines process to ensure that administration of topical medicines is fully and accurately complete.</p> <p>Ref. 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed and this will be carried forward to be reviewed at the next inspection.</p>	<p>Carried forward to the next inspection</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed. Records showed that enhanced Access NI checks were in place for staff however employment histories were incomplete. The omissions in employment histories resulted in gaps in employment going unchecked.

There were two references in place for each staff member however deficits were identified. For example, one staff member's first reference was from a person / company not listed in their employment history and their second reference was a character reference from a colleague. There was no reference in place from this staff member's most recent employer / manager.

For another staff member their first reference did not state in what capacity they knew the person and their second reference was from a person / company not listed in their employment history. There was no record of action taken by the home to explore these gaps in recruitment records or to obtain more satisfactory references. An area for improvement was identified.

Staff confirmed that they were provided with a comprehensive induction to their roles and said that the induction programme timescale depended on each individual staff member; with one staff member saying "it lasts as long as is needed depending on previous experience." It is good practice.

Checks were made to ensure relevant staff were registered with the Northern Ireland Social Care Council (NIISCC). The manager checked the registration status each month of staff who were due for renewal and/or fee payment that month. We discussed how this system could be made more robust by including an overall tracker for all staff which would be checked each month. NISCC monitoring will be reviewed again at the next inspection.

There were systems in place to ensure staff were trained and supported to do their job. Staff told us that they could access a range of training courses via the eLearning system and that they could also avail of a variety of relevant topics over and above their essential training courses. Staff said that they enjoyed the training sessions delivered face to face and told us about recent updates they had in relation to fire safety and emergency evacuations.

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge in the absence of the manager.

Staff said that they felt supported in their roles and were satisfied with the level of communication between staff and management. Staff reported good teamwork and no concerns regarding staffing levels.

Residents spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; residents also said that staff were "friendly", "helpful", and "encouraging."

Relatives said that staff were "great", "lovely", and "extremely patient and kind."

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

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. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. 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.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, resident areas were maintained clutter free, the home was well lit, staff encouraged and/or assisted residents to wear suitable footwear. There was evidence of appropriate onward referral such as the Trust Falls Service or Occupational Therapy (OT). Any recommendations made by specialists were included in the care plans. For example use of equipment such as walking aids.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. Records showed that post falls protocol was followed and relevant parties such as Trust key worker, next of kin, and where required RQIA were informed.

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 serving of lunch was observed. There was evidence that residents' needs in relation to nutrition and the dining experience were being met.

Residents could choose where they wished to have their meals and confirmed that they had a choice of meal at each sitting. Staff were seen to provide assistance and/or encouragement where required. The food looked and smelled appetising, and portion sizes were generous.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

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.

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.

Patients said that they were very satisfied with the care provided.

Relatives also said they were very satisfied with comments such as, "extremely well looked after", "it gives peace of mind knowing they are receiving the highest standard of care here."

5.2.3 Management of the Environment and Infection Prevention and Control

Review of the home's environment included a selection of residents' bedrooms, communal lounges and dining room, communal toilets, corridors, and storage areas.

The atmosphere in the home was relaxed and welcoming. The home was clean, warm, and well lit. Corridors and fire exits were uncluttered and free from obstruction.

Communal rooms were adequately furnished and comfortable. Some fittings such as handrails and furnishings such as side tables and drawers were seen to have damaged and/or worn

surfaces. This impacted on the effectiveness of cleaning to the standard required for infection prevention and control (IPC). An area for improvement was identified.

The standard of décor varied throughout the home; one part of the home was spacious, well-lit with natural light, decorated to a good standard, and had wall art on display in corridors. In the older part of the home, some walls were seen to be damaged, with plaster coming off. Some bedroom walls had nails sticking out, and there were little or no pictures on the walls in bedrooms and corridors. An area for improvement was identified.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Staff were seen to use personal protective equipment (PPE) appropriately and to practice hand hygiene at key moments. Governance audits showed that environmental IPC and staffs' practice was monitored regularly. Deficits were identified in these audits, although it was not always clear what action had been taken to address these deficits as the audits did not contain an action plan. To ensure deficits are addressed audits should contain action plans clearly stating the action require, who is responsible, and an expected timeframe for completion. An area for improvement was identified.

All staff confirmed that they were supported in their roles to maintain IPC standards through training, regular updates on best practice, and had adequate supplies of PPE. Domestic staff confirmed that they included regular touchpoints such as handrails and door handles in their daily schedules and said that they had adequate cleaning materials and supplies.

Residents said that they were happy with the level of cleanliness in the home and that they often saw staff cleaning.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. Staff told us about recent face to face training updates on fire safety and evacuations procedures.

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, visiting arrangements were in line with the Department of Health (DoH) guidance and any outbreak of infection was reported to the Public Health Authority (PHA).

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose where they spent their time and their preferred routines. For example, residents were seen to move freely around the home between communal areas and their own bedrooms.

It was observed that 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.

Residents were observed listening to music in the communal lounge and taking turns in choosing what music to listen to. Other residents spent time watching television or reading in their own bedrooms.

Staff confirmed that organised activities had not been fully running in recent months, due to staff leave and vacant hours. Residents' activity records confirmed that there had been little social or recreational activities taking place. An activities programme was advertised for September which included armchair travel, bingo, crafts, cookie making, and knitting. Activities duties would fall to care staff in the absence of the activities coordinator, and staff said that they did not always have time to lead on activities as other duties took priority.

Residents said that while they enjoyed listening to music and having impromptu singalongs with staff, they would like more organised activities and some residents said they would like more intellectually stimulating activities. An area for improvement was identified.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents. Relatives said that they felt welcomed in the home.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was at any given time, and demonstrated a good understanding of their roles and responsibilities with regards to reporting concerns or worries about residents, care practices or the environment.

There has been no change in the management of the home since the last inspection. Mrs Paula Douglas was appointed manager on 28 June 2021 and was registered with RQIA on 14 October 2021.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. As discussed in section 5.2.3, it was identified that some auditing records required a clear and detailed action plan to ensure deficits were addressed and to drive improvements.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly. It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints and good records were maintained.

Staff commented positively about the manager described her as supportive, approachable and always available for guidance. Staff said "Paula is a brilliant manager and very approachable".

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 available for review by residents, their representatives, the Trust and RQIA.

Residents said that they were very satisfied that the service was well manager, "the management and carers are great."

Relatives commented positively about the management of the home and said they were very satisfied that the home was well led. Relatives said communication from management was open, “management are always present and available to chat”, and “management is very helpful and friendly.”

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 2011) (Version 1:1) (Alter as required)**

	Regulations	Standards
Total number of Areas for Improvement	3*	4*

* The total number of areas for improvement includes one under regulation and one under standards which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Jodi Weir, Senior Care Assistant and Reigan Barr, Senior Care Assistant, 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 13 (4) Stated: First time To be completed by: From date of inspection (27 October 2021)	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines, including those identified at this inspection. Any shortfalls identified should be detailed in an action plan and addressed.</p> <p>Ref: 5.1</p>
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 21 (1) (b) (c) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that pre-employment information has been obtained prior to any persons commencing work in the home. This is with specific reference to detailed employment history, satisfactory explanations for gaps in employment, and suitable references.</p> <p>Ref: 5.2.1</p>
	Response by registered person detailing the actions taken: Application forms and CV's will be rigorously reviewed with any gaps addressed through verbal communication at the stage of interview and documented on paper, which will be available in each staff file. References are always checked by the manager via telephone, company policy is to include one reference from the most recent employer and the second can be either another employer reference or a character reference. If references come back with any gaps, moving forward the manager will ensure these are addressed and evidenced with written records.

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 7 October 2022</p>	<p>The registered person shall ensure that fittings and furnishings that cannot be effectively cleaned due to damage and/or wear and tear are repaired or replaced to allow for effective infection prevention and control.</p> <p>This is with specific reference to:</p> <ul style="list-style-type: none"> • handrails • bedroom furniture <p>Ref: 5.2.3</p>
<p>Response by registered person detailing the actions taken: New bedroom furniture has been ordered to replace the furniture that can not be effectively cleaned. Handrails will be repaired/replaced in the corridors.</p>	
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection (27 October 2021)</p>	<p>The registered person shall monitor the administration of medicines process to ensure that administration of topical medicines is fully and accurately complete.</p> <p>Ref: 5.1</p>
<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 28 October 2022</p>	<p>The registered person shall ensure that there are effective arrangements in place to maintain an acceptable standard of décor within the home, and that action is taken to address deficits in the environment, such as damaged bedroom walls.</p> <p>Ref: 5.2.3</p>
<p>Response by registered person detailing the actions taken: Decor will be bought to dress the walls and bedrooms where necessary. Local building company who completed the recent building work in the home has been contacted to fix the cracks in the walls as soon as possible.</p>	

<p>Area for improvement 3</p> <p>Ref: Standard 20 Criteria 10</p> <p>Stated: First time</p> <p>To be completed by: 4 October 2022</p>	<p>The registered person shall ensure that auditing systems contain a clear action plan specifying the action required, who is responsible, and an expected timeframe for completion.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: New template for auditing/action planning has been put in place to include issues identified, action to be taken, who is responsible and the timeframe for completion.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 14 October 2022</p>	<p>The registered person shall ensure that effective arrangements are in place to ensure that person centred activities are provided to residents in a consistent manner.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: The manager and activity co-ordinator have agreed to a monthly calander being designed to cater to all residents needs and wishes ensuring it includes sensory, physical and stimulating activities. Staff are employed solely for activities, ensuring there is a programme in place to cover a range of activities that can be completed daily.</p>

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