

# Inspection Report

6 August 2021



## Redford

**Type of service: Residential (RC)**  
**Address: 15 Redford Road, Cullybackey BT43 5PR**  
**Telephone number: 028 2588 0671**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Redford Residential Care Homes Limited  <b>Responsible Individual:</b> Mr John Wallace	<b>Registered Manager:</b> Mrs Paula Douglas – Not registered
<b>Person in charge at the time of inspection:</b> Mrs Paula Douglas	<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) DE – Dementia. PH(E) - Physical disability other than sensory impairment – over 65 years I – Old age not falling within any other category.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 28
<b>Brief description of the accommodation/how the service operates:</b> This is a registered Residential Home which provides health and 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.	

## 2.0 Inspection summary

An unannounced inspection took place on 6 August 2021 from 10.00 am to 12.00 pm by a care inspector.

At the last inspection on 27 May 2021, serious concerns were identified with regard to the lack of robust governance and managerial oversight relating to the selection and recruitment of staff; and fire safety practices. Following a meeting with the responsible individual, one Failure to Comply (FTC) notice was issued on 11 June 2021 which focused on the selection and recruitment of staff.

This inspection sought to assess the level of compliance achieved in relation to the FTC notice. The outcome of this inspection evidenced that the Responsible Individual had taken appropriate action to comply with the FTC notice.

Review of governance records and discussion with the Responsible Individual and staff evidenced that a robust staff selection and recruitment policy and procedures were now in place and embedded into practice.

### 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 and staff for their opinion on the quality of the care and their experience of living or working in this home.

### 4.0 What people told us about the service

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

Staff spoke positively about working in the home; they also said that there was good team work within the home and that the morale of staff was good.

### 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 May 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> Second time	The registered person shall ensure that robust arrangements are in place for the management of controlled drugs.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that competency and capability assessments for any member of staff with the responsibility of being in charge in the absence of the manager is completed and regularly reviewed.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>	
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (4) (a) (e) (f)</p> <p><b>Stated:</b> First time</p>		<p>The registered person shall ensure the following in regard to fire safety arrangements:</p> <ul style="list-style-type: none"> <li>● The fire risk assessment is effectively maintained by the manager and evidences any actions taken in regard to recommended actions required</li> <li>● Staff receive regular training in fire safety drill procedures</li> <li>● Staff receive mandatory fire safety training at suitable intervals</li> <li>● Evidence of staff attendance at fire safety training sessions is accurately recorded and maintained.</li> </ul>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>During a meeting with the Responsible Individual on 9 June 2021, RQIA was provided with assurances that fire safety practices and related governance arrangements had been reviewed and updated in line with regulation. Sustained compliance with this area for improvement will be reviewed at the next inspection.</p>	<p><b>Carried forward to the next inspection</b></p>	

<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that in the event of a fall:</p> <ul style="list-style-type: none"> <li>• The resident's falls observation chart is completed for the specified timeframe as outlined in the home's fall policy</li> <li>• If observations are stopped before the specified timeframe a clear rationale is documented</li> <li>• Relevant documentation is completed in an accurate, comprehensive and contemporaneous manner at all times</li> <li>• A post fall analysis is completed for all residents who have experienced a fall.</li> </ul>	<p><b>Carried forward to the next inspection</b></p>
<p><b>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.</b></p>		
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the falls policy within the home is reviewed so that it accurately reflects the care of residents in a residential care setting. This specifically relates to clinical observations.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>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.</b></p>		
<p><b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b></p>		<p><b>Validation of compliance summary</b></p>
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> Second time</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>Carried forward to the next inspection</b></p>
<p><b>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.</b></p>		

<b>Area for improvement 2</b> <b>Ref:</b> Standard 32 <b>Stated:</b> Second time	The registered person shall review the storage arrangements for medicines.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall review the management of medicine changes and recording errors to ensure that medicine records are clear and there are no amended entries.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 3 <b>Stated:</b> Second time	The registered person shall monitor the administration of medicines process to ensure that administration of topical medicines is full fully and accurately complete.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The registered person shall ensure that the daily menu is appropriately displayed in the dining room.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

## 5.2 Inspection findings

FTC Ref: FTC000153

Notice of failure to comply with Regulation 21 (1) (b) of The Residential Care Homes Regulations (Northern Ireland) 2005

*The Residential Care Homes Regulations (Northern Ireland) 2005*

## **Fitness of workers**

### **Regulation 21.**

*(1) The registered person shall not employ a person to work at the residential care home unless –*

*(b) subject to paragraph (5), he has obtained in respect of that person the information and documents specified in paragraphs 1 to 7 of Schedule 2.*

### **SCHEDULE 2**

#### **INFORMATION AND DOCUMENTS TO BE OBTAINED IN RESPECT OF PERSONS CARRYING ON, MANAGING OR WORKING AT A RESIDENTIAL CARE HOME**

*1. Proof of the person's identity, including a recent photograph.*

*2. Either –*

*(a) where a certificate is required for a purpose relating to registration under Part III of the Order, or the position falls within section 115(3) or (4) of that Act, an enhanced criminal record certificate issued under section 115 of the Police Act 1997(a);  
20 (a) 1997 c. 50*

*(b) in any other case, a criminal certificate issued under section 113 of that Act, including, where applicable, the matters specified in sections 113(3EA) and 115(6EA)(a) of that Act and the following provisions once they are in force, namely section 113(3EC)(a) and (b) and section 115(6EB) (a) and (b)(b) of that Act.*

*3. Two written references relating to the person, including a reference from the person's present or most recent employer, if any.*

*4. Where a person has previously worked in a position whose duties involved work with children or vulnerable adults, so far as is reasonably practicable, verification of the reason why the employment or position ended.*

*5. Details and documentary evidence of any relevant qualifications or accredited training of the person and if applicable, registration with an appropriate professional regulatory body.*

*6. A full employment history, together with a satisfactory written explanation of any gaps in employment.*

*7. Evidence that the person is physically and mentally fit for the purposes of the work which he is to perform at the home or, where it is impracticable for the person to obtain such evidence, a declaration signed by the person that he is so fit.*

In relation to this notice the following seven actions were required to ensure compliance with this regulation:

The registered person must ensure that:

1. At all times staff are recruited and employed in accordance with statutory legislation and that all necessary checks are carried out prior to an offer of employment being made.

2. Access NI enhanced checks are completed and robustly scrutinised prior to an individual commencing employment in the home.
3. All staff involved in the selection and recruitment of staff have received training in selection and recruitment and that such training is periodically reviewed in keeping with best practice.
4. A policy is in place for staff selection and recruitment which clearly defines the roles and responsibilities of those involved in the selection and recruitment process and are regularly reviewed.
5. Anyone involved in the selection and recruitment process can clearly articulate these roles and responsibilities as they pertain to selection and recruitment.
6. There are robust arrangements in place to ensure that effective communication of selection and recruitment issues are effectively addressed in a timely manner by the manager and/or responsible individual.
7. A robust monitoring system is in place to ensure that the selection and recruitment process is compliant with statutory legislation and mandatory requirements including review during monthly monitoring visits.

**Action taken by the registered persons:**

Evidence in relation to the seven action points outlined in the FTC was gathered to establish if Redford had complied with the Regulation. The following was established in relation to each action:

1. A review of records and discussion with the Manager, Responsible Individual and staff evidenced that a robust system was in place to ensure staff are recruited safely and in keeping with legislation. Two staff recruitment files were reviewed and evidenced that all required pre-employment checks were completed prior to the employee commencing work in the home. Both the Manager and the Responsible Individual effectively demonstrated their understanding of the importance of having a robust pre-employment system in operation and the need for effective communication throughout the recruitment process. This action has been assessed as met.
2. Two staff recruitment files were reviewed and evidenced that all required pre-employment checks were completed prior to the employee commencing work in the home. This action has been assessed as met.
3. The staff were able to clearly articulate their role within the selection and recruitment process; staff had also been trained by the Responsible Individual in relation to the new selection and recruitment policy and procedures for the home. The Manager and Responsible Individual advised that they would consider making use of additional and external training resources for staff in regards to selection and recruitment. The home selection and recruitment policy had an annual review date. This action has been assessed as met.
4. The employment policy and procedures within Redford had been reviewed by the Responsible Individual and updated. A flow chart had been compiled to act as an aide memoire to assist staff at each stage of the selection and recruitment process. This action has been assessed as met.



5. The staff were able to clearly articulate their role within the selection and recruitment process. This action has been assessed as met.
6. Both the Manager and the Responsible Individual effectively demonstrated their understanding of the importance of having a robust pre-employment system in operation and the need for effective communication throughout the selection and recruitment process. This action has been assessed as met.
7. The monitoring of selection and recruitment is a standing item of monitoring during monthly monitoring visits which the Responsible Individual is responsible for. This action has been assessed as met.

**As all actions have been assessed as met, compliance has been achieved with this FTC notice.**

There has been a change in the management of the home since the last inspection. Mrs Paula Douglas has been appointed as the new home manager; an application for the manager's registration with RQIA has to be submitted to RQIA. The Responsible Individual was advised to submit this application as soon as possible.

## 6.0 Conclusion

The inspection sought to assess if the home had taken the necessary actions to ensure compliance with the FTC notice issued by RQIA on 11 June 2021.

The outcome of this inspection concluded that the home had taken appropriate action to comply with the issued FTC notice. The importance of sustaining the progress made was emphasised.

## 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
<b>Total number of Areas for Improvement</b>	5*	5*

\* All areas for improvement arising from the previous care inspection were carried forward for review at the next inspection.

<b>Areas for improvement from the last inspection on 27 May 2021</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> Second time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that robust arrangements are in place for the management of controlled drugs.	<b>Carried forward to the next inspection</b>
	<b>Response by registered person detailing the actions taken:</b> <ul style="list-style-type: none"> <li>- All staff responsible for administering controlled drugs has been re-trained by a pharmacist and SCA.</li> </ul>	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 20 (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 10 June 2021	The registered person shall ensure that competency and capability assessments for any member of staff with the responsibility of being in charge in the absence of the manager is completed and regularly reviewed.	<b>Carried forward to the next inspection</b>
	<b>Response by registered person detailing the actions taken:</b> <ul style="list-style-type: none"> <li>- Registered manager will complete assessments on all SCA's and key holders that could be in charge of the home in case of absence of manager with immediate effect. The home manager profile has been amended to reflect this responsibility.</li> <li>- Capability will be reviewed every 3 months, with on-going supervisions and weekly catch up with SCA staff to ensure ongoing confidence in capability.</li> <li>- The forms can be located in a separate file in the office.</li> </ul>	

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (4) (a) (e) (f)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the following in regard to fire safety arrangements:</p> <ul style="list-style-type: none"> <li>● The fire risk assessment is effectively maintained by the manager and evidences any actions taken in regard to recommended actions required</li> <li>● Staff receive regular training in fire safety drill procedures</li> <li>● Staff receive mandatory fire safety training at suitable intervals</li> <li>● Evidence of staff attendance at fire safety training sessions is accurately recorded and maintained.</li> </ul>	<p><b>Carried forward to the next inspection</b></p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <ul style="list-style-type: none"> <li>- Manager will take responsibility for the risk assessment moving forward, ensuring all actions outlined are met.</li> <li>- Fire drills will be completed with all staff twice yearly and attendance documented and stored in fire file. Fire training will take place twice a year for all staff, attendance record completed and certificates will be kept in file.</li> <li>- The latest fire training was completed on 1st October.</li> </ul>	

<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that in the event of a fall:</p> <ul style="list-style-type: none"> <li>● The resident’s falls observation chart is completed for the specified timeframe as outlined in the home’s fall policy</li> <li>● If observations are stopped before the specified timeframe a clear rationale is documented</li> <li>● Relevant documentation is completed in an accurate, comprehensive and contemporaneous manner at all times</li> <li>● A post fall analysis is completed for all residents who have experienced a fall.</li> <li>●</li> </ul> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Manager is responsible for completing the monthly report to the NHSCT &amp; BHSCT regarding falls, this allows the manager to review paperwork that has been submitted by SCA’s and to identify any trends etc. The manager will report this to the registered provider on a monthly basis.</p> <p>With immediate effect the SCA on duty will complete the form and report falls to RQIA, NOK and trust within 24hrs. All staff have been reminded to complete an observation chart and post fall analysis every time a resident has a fall. This will form part of the on-going training.</p> <p>Falls file is reviewed and audited by the SCA monthly and the manager will complete sample audits to ensure this is being done.</p>	<p><b>Carried forward to the next inspection</b></p>
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<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the falls policy within the home is reviewed so that it accurately reflects the care of residents in a residential care setting. This specifically relates to clinical observations.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The falls policy has now been reviewed and updated to accurately reflect residential care settings. All policies form part of a policy review calendar. The new manager is systematically reviewing new policies and that will be completed by the end of the year. Following that, all policies will be regularly reviewed.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</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> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>An audit (monthly) has been put in place to pick up missing signatures and on-going trends. This was included in the retraining exercise.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall review the storage arrangements for medicines.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The medication has been moved to a larger store with more fit for purpose facilities.</p>	<p><b>Carried forward to the next 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> With immediate effect</p>	<p>The registered person shall review the management of medicine changes and recording errors to ensure that medicine records are clear and there are no amended entries.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>A monthly audit is now in place to identify any issues in the management of medication.</p>	<p><b>Carried forward to the next inspection</b></p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 3</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</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><b>Response by registered person detailing the actions taken:</b> As for area for improvement area 4 the administration for topical medicines will be part of monthly audit.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the daily menu is appropriately displayed in the dining room.</p> <p><b>Response by registered person detailing the actions taken:</b> Job descriptions have been reviewed and updated. Cooks and kitchen assistants have been advised it is their responsibility that the menu board is displayed daily in the dining room for residents to see what choices they have. This ensures the responsibility of reporting the menu is with those responsible for production ensuring real time accuracy. The manager or duty manager will undertake a daily check that this is being completed.</p>	<p><b>Carried forward to the next inspection</b></p>

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Authority

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