



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection

Name of Establishment:	Redford Residential Care Home
Establishment ID No:	1321
Date of Inspection:	14 May 2014
Inspector's Name:	John McAuley
Inspection No:	17535

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Home:	Redford Residential Home
Address:	15 Redford Road Cullybackey BT43 5PR
Telephone Number:	02825880671
E mail Address:	redfordcare@gmail.com
Registered Organisation/ Registered Provider:	Mr William James Wallace
Registered Manager:	Mr Trevor Gillen
Person in Charge of the home at the time of Inspection:	Mrs Denise Moore – Senior Care Assistant
Categories of Care:	RC-I ,RC-PH (E), RC-DE
Number of Registered Places:	18
Number of Residents Accommodated on Day of Inspection:	16 plus 1 resident in hospital
Scale of Charges (per week):	£450
Date and type of previous inspection:	11 February 2014 Primary Announced Inspection
Date and time of inspection:	14 May 2014 10am – 1.45pm
Name of Inspector:	Mr John McAuley

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Analysis of returned quality improvement plan from previous inspection
- Discussion with the registered provider
- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents and one visiting relative
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	16
Staff	5
Relatives	1
Visiting Professionals	0

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection on 11 February 2014 and its subsequent quality improvement plan.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of service

Redford Residential Care home is situated on the Redford Road in a rural local outside Cullybackey, Ballymena.

The residential home is owned and operated by Mr Willam Wallace and the registered manager is Mr Trevor Gillen.

Accommodation for residents is provided eighteen single rooms on a single storey level.

A communal lounge and dining area are provided in a central area of the home.

The home also provides for catering services in a kitchen near to the entrance of the home and laundry services at the end of a corridor there is a number of communal sanitary facilities are available throughout the home.

The home is attached to one of the owner's private residence.

There are gardens to the side of the home, with ample care parking space for visitors to the front.

The home is registered to provide care for a maximum of eighteen persons under the following categories of care:

8.0 Summary of Inspection

This unannounced care inspection of Redford was undertaken by John McAuley on 14 May 2014 between the hours of 10am and 1.45pm.

Senior Care Assistant Denise Moore was in charge of the home until the Registered Manager Trevor Gillen reported for duty at 1pm. The Registered Provider Mr William Wallace was also available during this inspection when he reported into the home during the late morning period. The senior care assistant in charge was readily available for discussion and clarification throughout, and verbal feedback of inspection findings was provided at the conclusion of the inspection to the registered manager.

There were six requirements and two recommendations made as a result of the previous inspection. Follow up on these was the focus of this inspection.

A review of the six requirements previously made found four of these were addressed to a satisfactory manner. One previous requirement in respect of monitoring visit reports by the registered provider was found to be substantially compliant in that these were only available in that by chance the registered provider arrived to the home at the time of this inspection. The requirement made in respect of staffing levels was found to be compliant in terms of numbers of staff in place to meet resident numbers and needs. However the requirement has been stated for a second time as the practice of care staff having to perform mixed duties continues and remained unresolved.

One of the two recommendations made was found to be addressed satisfactorily. The other recommendation in relation to accident / incident reports being reviewed / inspected by the

registered manager has been stated for a second time, as this had no evidence to confirm that this had been done.

The details of the actions taken by registered provider and registered manager can be viewed in the section following this summary.

Other Areas Examined:

Stakeholder Consultation

During the course of the inspection the inspector met with residents, staff and one visiting relative.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. The visiting relative declared their satisfaction with the provision of care and homeliness afforded and complemented staff in this regard.

Discussion with staff indicated that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 10.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident amongst residents and staff.

General environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be fit for purpose with some areas dated in appearance.

Accident / Incident Records

A review of the accident / incident records has resulted in one recommendation from the previous inspection stated for a second time, and a further two recommendations made on this occasion. The details of these are discussed in 10.5 of this report.

Conclusion

The findings of this inspection evidenced that the delivery of care to residents was of a satisfactory standard. The home's general environment was well maintained and residents were observed to be treated with dignity and respect.

One requirement and one recommendation have been stated for the second occasion and one recommendation has further been made as a result of the follow up unannounced care inspection. Details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, staff and the management for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 11 February 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	29 (1), (4) and (5)	<p>Where the registered provider is an individual, but not in day-to-day charge of the residential care home, he shall in accordance with this regulation</p> <p>(4) the person carrying out the visit shall –</p> <p>(a) Interview, with their consent and in private, such of the residents and their representatives and persons working at the home as appears necessary in order to form an opinion of the standard of care provided.</p> <p>(b) inspect the premises of the home, its record of events and records of complaints, and</p> <p>(c) Prepare a written report on the conduct of the home.</p> <p>(5)(a) the registered provider shall maintain a copy of the report required to be made under paragraph 4(c) in the home and make it available on request to –</p> <p>(a) The Regulation and Quality Improvement Authority.</p> <p>Reference to this is made in that the reports of monitoring visits were not available at the time of this inspection.</p> <p>The reports of the next three monthly</p>	<p>One monitoring visit report was submitted to the RQIA.</p> <p>On request at the time of this inspection, the remaining monitoring visit reports were not available.</p> <p>However when the registered provider visited the home, during this inspection, these were made available.</p> <p>A review of two of these reports found these to be maintained in a satisfactory manner.</p> <p>Advice was given in ensuring that these reports must be made clearly accessible at any future inspections.</p>	Substantially compliant

		<p>monitoring visits must be submitted to the RQIA.</p> <p>Advice was given at the time of this inspection on the template of monitoring visits, as issues on guidance to service providers on the RQIA's website.</p>		
2.	27 (2) (t)	<p>The registered person shall, having regard to the number and needs of residents, ensure that –</p> <p>(t) a risk assessment to manage the health and safety is carried out and updated when necessary.</p> <p>Reference to this is made in respect of all radiators / hot surfaces which must be individually risk assessed, in accordance with current safety guidelines, with subsequent appropriate action.</p>	<p>Risk assessments have been carried out and as a result a programme is in place to install covers to all radiators / hot surfaces, with a number of these already installed.</p>	Compliant
3.	20 (1) (a)	<p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents –</p> <p>(a) Ensure that at all times suitably qualified, competent and experienced persons are working in the home in such numbers as appropriate for the health and welfare of residents.</p> <p>Reference to this is made in respect of numerous concerns expressed during this</p>	<p>A review of staffing levels at the time of this inspection found these to be appropriate for the numbers and needs of residents' accommodated. This review considered a review of the duty rota, discussions with residents and staff and general observations of care practices.</p> <p>The issue of care staff performing mixed duties of laundry has not been resolved and continues to be the practice. It was also</p>	<p>Compliant</p> <p>Not compliant</p>

		<p>inspection in relation to staffing levels. A comprehensive review must be put in place and maintained.</p> <p>The issue of care staff performing mixed duties of laundry must cease, and adequate ancillary hours must be deployed to fulfil this role.</p>	<p>pointed out that care staff also performs mixed duties pertaining to catering from 4pm for the evening meal. This practice must cease with adequate ancillary cover put in place to cover these roles.</p> <p>This requirement has been stated for a second time.</p>	
4.	19 (2) Schedule 4 (7)	<p>The registered person shall maintain in the home the records specified in Schedule 4. (7) A copy of the duty roster of persons working in the home, and a record of whether the roster was actually worked.</p> <p>Reference to this is made in that the registered manager's hours of duty were not recorded in the roster. These hours must be recorded on a planned and an actual worked basis.</p>	<p>A review of the home's duty rota confirmed that the registered manager's hours of duty were appropriately recorded.</p>	Compliant

5.	8 (2) (f)	<p>The registered person shall having regard to the size of the home and the number and needs of residents (f) So far as it is practicable to do so, provide adequate facilities for residents to wash, dry and iron their clothes if they wish and, for that purpose, to make arrangements for their clothes to be sorted and kept separately.</p> <p>Reference to this is made in that the practice of drying clothes over radiators must cease, and adequate provision must be put in place to dry clothes.</p>	<p>At the time of this inspection there were no clothes being dried over radiators. A new dryer had also been installed to adequately dry clothes.</p>	Compliant
6.	27 (3) 9a) (i)	<p>The registered person shall having regard for the number of staff employed and duties undertaken, provide –</p> <ul style="list-style-type: none"> (a) Suitable facilities and accommodation, including – (b) Storage facilities. <p>Reference to this was made in that there was found to be no storage facilities for staff to store personal belongings or handbags etc.</p>	<p>Locker provisions for staff have been installed in their changing room.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	20.10	<p>Working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action is taken when necessary.</p> <p>Reference to this is made, in that the registered manager should sign and date all accident / incident reports on a regular and up to date basis, as reviewed / inspected.</p>	<p>A review of the home's accident / incident reports was carried out. These reports had not confirmation in place that the registered manager had reviewed these on a regular and up to date basis.</p> <p>This recommendation has been stated for a second time.</p>	Not compliant
2.	19.6	<p>Residents, or where appropriate their representatives, are involved in the recruitment process where possible.</p> <p>Reference to this is at the very least residents or where appropriate their representatives' views regarding the recruitment and selection questions should be sought at a meeting forum with them by the home's management.</p>	<p>A review of the record of residents' meetings undertaken by a senior care assistant confirmed that residents' views on the recruitment and selection process is obtained at these meetings.</p>	Compliant

10.0 Additional Areas Examined

10.1 Residents Consultation

The inspector met with sixteen residents individually. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Some of the comments included statements such as;

“Everything is alright, no problems”

“I am happy and content here”

“Everyone is very kind”

“They look after me very well”

“I love it here”

No concerns were expressed or indicated.

10.2 Relative/Representative consultation

The inspector met with one visiting relative at the time of this inspection. This relative expressed total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

No concerns were expressed.

10.3 Staff Consultation

The inspector spoke with members of staff of various grades on duty. These discussions with staff identified that staff were supported in their respective roles. Staff confirmed that there was good morale, teamwork and training in place and that they felt a good standard of care was provided for.

No concerns were expressed.

10.4 Observation of Care Practices

The atmosphere in the home was friendly and welcoming. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Care duties and tasks were observed to be carried out at an organised, unhurried pace.

10.5 Accident / incident records

A review of the accident / incident records was undertaken from 19 February 2014. A recommendation has been made for the second time for all reports to be signed and dated by the registered manager as reviewed / inspected. It has also been recommended that reports

contain the full names of residents as opposed to initials, which would ease accessibility of audit.

There were a significant number of records which were difficult to read. This was primarily due to the size of lines in the format of recording. A recommendation has been made to review the format of recording accidents / incidents so that entries completed can be maintained in a legible manner.

10.6 General Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a reasonable, fit for purpose standard although areas were dated in appearance.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with the Registered Manager Mr Trevor Gillen, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

John McAuley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan
Unannounced Care Inspection
Redford Residential Care Home

14 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the **Registered Manager Mr Trevor Gillen** either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	20 (1) (a)	<p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents –</p> <p>(a) Ensure that at all times suitably qualified, competent and experience persons are working at the home in such numbers as appropriate for the health and welfare of residents.</p> <p>Reference to this is made in respect of care staff carrying out mixed duties of laundry and catering. This practice must cease and care staffing hours must not be diluted for these roles. Adequate ancillary cover must be put in place.</p>	Second	New members of staff appointed and mixed duties will cease on 28 th July 2014	4 August 2014

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	20.10	<p>Working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action taken when necessary.</p> <p>Reference to this is made in that the registered manager should sign and date all accident / incident records on a regular and up to date basis as reviewed / inspected.</p>	Second	This has been actioned.	28 May 2014
2.	8.	<p>Records are kept in accordance with professional and legislative requirements on each resident's situation, actions taken by staff and reports made to others.</p> <p>Reference to this is made in terms of accident / incident reports, which the format needs to be reviewed to include;</p> <ul style="list-style-type: none"> • The name of the resident as oppose to initials • Large space for entries to be made so that these are legible. 	One	This has been actioned	14 June 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Trevor Gillen
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	William Wallace

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	John McAuley	1 July 2014
Further information requested from provider			