



Unannounced Care Inspection Report 15 January 2019



Redford

Type of Service: Residential Care Home
Address: 15 Redford Road, Cullybackey, BT43 5PR
Tel No: 028 2588 0671
Inspectors: John McAuley and Fionnuala Breslin

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 22 persons in the categories of care cited on the home’s certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Redford Residential Home Responsible Individual: William James Wallace	Registered Manager: Trevor Gillen
Person in charge at the time of inspection: Perdita Kerr deputy manager then Trevor Gillen at 14.00 hours	Date manager registered: 21 November 2013
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia maximum of 6 residents PH (E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: 22

4.0 Inspection summary

An unannounced care inspection took place on 15 January 2019 from 10.20 to 14.40 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff induction, adult safeguarding, care records and communication between residents, staff and other interested parties. Good practice was also found in relation to management of complaints and incidents, infection prevention and control and maintenance of good working relationships.

Areas requiring improvement were identified staffing levels, meeting the assessed needs of an identified resident, inappropriate storage, fire safety and a quality assurance audit.

Feedback from residents was generally all positive about the provision of care and their relationship with staff. Some issues of concern were expressed in relation to the distressed behaviours of two identified residents.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	2

Details of the Quality Improvement Plan (QIP) were discussed with Trevor Gillen, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 May 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspectors 16 residents, five staff, one visiting relative, the registered manager and the responsible individual.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Two residents' care files
- Complaints and compliments records
- Accident, incident, notifiable event records
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 most recent inspection dated 8 December 2018

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 22 May 2018

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
Area for improvement 1 Ref: Standard 27.1 Stated: First time To be completed by: 22 June 2018	The registered person shall make good the trip hazard with an area of the carpet in the corridor which had come loose.	Met
	This has been made good.	
Area for improvement 2 Ref: Standard N 15 Stated: First time To be completed by: 22 August 2018	The registered person shall make good the areas in the corridors and two bedrooms in the new extension that had cracks to the plaster work.	Carried forward to the next care inspection
	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.	

Area for improvement 3 Ref: Standard N 29 Stated: First time To be completed by: 29 May 2018	The registered person shall make good the locking mechanism in the male toilet door.	Met
	This has been made good.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The deputy manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were used in the home. The deputy manager stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

An area of improvement in accordance with legislation was identified. This was in relation to a resident who was prescribed one to one care but the staffing levels for such provision were depleted from the existing staffing levels.

No other concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

An inspection of the duty rota confirmed that it accurately reflected the staff working within the home.

A register of staff working in the home was available and contained all information as outlined within the legislation.

An inspection of a sample of a completed induction record and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided.

Discussion with the deputy manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. A sample of a staff competency and capability assessments was inspected and found to be satisfactory.

These assessments included care assistant staff who had “key holder” responsibility which effectively made them in charge of the home in the absence of the registered manager and/or senior staff. During such periods there was a designated senior member of staff, on-call, to provide additional support.

The home’s recruitment and selection policy and procedure complied with current legislation and best practice. The deputy manager advised that no staff were recruited since the previous inspection, therefore staff files were not inspected on this occasion.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The home’s adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the deputy manager, inspection of accident and incidents notifications, care records and complaints records confirmed if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The deputy manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. However, it was identified that a resident had distressed behaviours that needed to be reviewed with the aligned named worker. This has been identified as an area of improvement in accordance with legislation.

An inspection of care records identified that residents’ care needs and risk assessments were obtained from the Trust prior to admission. The registered manager also carries out a pre-admission assessment to determine whether the home can meet the assessed needs of the potential resident. Residents and their representatives can visit the home before admission to also determine their satisfaction of the facility.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The deputy manager advised there were restrictive practices within the home, notably the use of a keypad entry system and pressure alarm mats. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the Statement of Purpose and Residents’ Guide.

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken and action plans developed to address any deficits noted.

The deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the Trust and RQIA with appropriate records retained.

The deputy manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

The home was clean and tidy with a reasonable standard of décor and furnishings being maintained. Residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling and appropriately heated.

Inappropriate storage of items was found in a visitor's room. This has been identified as an area of improvement in accordance with standards to make good.

Inspection of the internal environment identified that the home was kept safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

It was established that no residents in the home smoked.

The deputy manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

Inspection of staff training records confirmed that fire safety training and fire safety drills were not up-to-date. It was advised that these were planned for February 2019. This has been identified as an area of improvement in accordance with legislation. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, adult safeguarding and infection prevention and control.

Areas for improvement

Areas for improvement were identified in relation to staffing levels, meeting the assessed needs of an identified resident, inappropriate storage and fire safety training and drills.

	Regulations	Standards
Total number of areas for improvement	3	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents. However, as identified in 6.4 issues of improvement were identified in relation to staffing provision for an identified resident and with a care review needed for another identified resident.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

An inspection of a sample of two residents' care records was undertaken. This sample confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments, such as manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident's representative.

An individual agreement setting out the terms of residency was in place and appropriately signed.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Residents commented positively on the provision of meals. However one resident made concerns about lack of choice, portion sizes and not enough vegetables. This was referred to the registered manager to address with the resident, for whom the resident stated that they felt comfortable about doing so. It has been identified with this at the same time to put in place a quality assurance audit of the meals with a subsequent action plan to address any issues identified.

Observations of the dinner time meal found it to be unhurried and organised, with a nice ambience in place for residents to enjoy their meal. The dinner was appetising and nicely presented with choice of condiments.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner. No residents were reported to have any wound care needs at the time of this inspection.

The deputy manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks) and complaints were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

Observation of practice evidenced that staff were able to communicate effectively with residents.

There were systems in place to ensure openness and transparency of communication, for example, the latest RQIA inspection reports, annual satisfaction survey report and resident meeting minutes were available on request for residents, their representatives any other interested parties to read.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was largely timely and responsive to the needs of the residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other interested parties.

Areas for improvement

One area of improvement was identified in relation to this domain. This was in relation to putting in place a quality assurance audit in regards to the provision of meals.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

A range of policies and procedures was in place which supported the delivery of compassionate care.

Staff advised that they promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Residents advised that consent was sought in relation to care and treatment.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

Discussion with residents and staff confirmed that residents' spiritual and cultural needs, were met within the home.

Action was also taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced with inspection of progress records. Issues of assessed need such as pain had a statement of care/treatment given and effect of same.

Discussion with staff, residents, two visiting relatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care.

Discussion with residents and staff and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were also in place for residents to maintain links with their friends, families and wider community.

Discussions with residents throughout this inspection, in accordance with their capabilities was all positive in respect of their views on their life in the home, their relationship with staff, the provision of care and the general atmosphere in the home. Some of the comments made included statements such as;

- "I am very happy here. No complaints"
- "It is a nice wee home. The staff are all very good"
- "All is fine. I am very comfortable here"

Two residents spoke about the distressed behaviours of two identified residents. This was referred to the registered manager to address.

The inspectors also met with one visiting relative who spoke in complimentary terms about the provision of care and the support received from staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents, one visiting relative and general observations of care practices.

Areas for improvement

No areas of improvement were identified in relation to this domain during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff.

The home's complaints policy and procedure was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. RQIA's complaint poster was available and displayed in the home.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

The responsible individual is involved in the day to day management of the home and also lives on site.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

Discussion with the registered manager identified that he had good understanding of his role and responsibilities under the legislation.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had and whistleblowing policy and procedure in place and discussion with staff confirmed that they had knowledge of this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints and incidents and maintenance of good working relationships.

Areas for improvement

No areas of improvement were identified in relation to this domain during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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, registered 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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: 16 January 2019	<p>The registered person shall ensure there are adequate numbers of staff on duty to meet the assessed needs of residents. Particular reference to this needs to be given to the identified resident with prescribed one to one care needs.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The identified resident was moved to a more suitable facility</p>
Area for improvement 2 Ref: Regulation 15 (1) (a) Stated: First time To be completed by: 16 February 2019	<p>The registered person shall ensure that the distressed behaviours of the identified resident are reviewed with the resident's aligned named worker.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The distressed behaviours of the identified resident were reviewed by the named worker resulting in the resident moving to a more suitable facility.</p>
Area for improvement 3 Ref: Regulation 27 (4) (e) and (f) Stated: First time To be completed by: 16 February 2018	<p>The registered person shall ensure all staff in the home are in receipt of fire safety training and fire safety drills.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All staff received fire safety training and fire safety drills on 5/2/2019</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27.11 Stated: First time To be completed by: 22 January 2019	<p>The registered person shall resolve the issue of inappropriate storage in the visitor's room.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All inappropriate storage has been removed from the visitors room</p>

<p>Area for improvement 2</p> <p>Ref: Standard 12.13</p> <p>Stated: First time</p> <p>To be completed by: 16 March 2019</p>	<p>The registered person shall devised and put in place a quality assurance audit on the provision of meals. Areas to look at to include, the quality, portion sizes, choice and nutritional content.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: This has been completed</p>
<p>Area for improvement 1</p> <p>Ref: Standard N15</p> <p>Stated: First time</p> <p>To be completed by: 22 August 2018</p>	<p>The registered person shall make good the areas in the corridors and two bedrooms in the new extension that had cracks to the plaster work.</p> <p>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.</p> <p>Ref: 6.2</p>



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