



The **Regulation** and  
**Quality Improvement**  
Authority

# Announced Variation of Registration Care and Premises Inspection Report 21 November 2019



## Redford

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

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Assurance, Challenge and Improvement in Health and Social Care

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 22 beds registered to provide care for residents within the categories of care detailed in its certificate of registration and 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Redford Residential Care Homes Limited  <b>Responsible Individual(s):</b> John Wallace	<b>Registered Manager and date registered:</b> Trevor Gillen 21 November 2013
<b>Person in charge at the time of inspection:</b> Trevor Gillen	<b>Number of registered places:</b> 22
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH (E) - Physical disability other than sensory impairment – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 22

### 4.0 Inspection summary

This announced inspection took place on 21 November 2019 from 10.00 to 12.20 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 sought to assess the suitability of the increase and extension of an additional eight beds in the home. This was carried out by a care and estates inspector and this report relates to both findings.

The following areas were examined during the inspection:

- staffing
- environment
- fire safety

Information has been gathered throughout the registration process, the findings of the inspection have been discussed with Trevor Gillen, registered manager and John Wallace, applicant responsible individual, areas for improvement have identified in the inspection report.

A timescale, which has been agreed with Trevor Gillen, registered manager and John Wallace, applicant responsible individual, is specified for the submission to RQIA of a Quality Improvement Plan (QIP) addressing the identified areas for improvement. Scrutiny of this information means that registration of this increase of eight beds is granted from a care and estates perspective, subject to submission to RQIA of a QIP agreeing that these areas for improvement will be addressed within the specified timescales.

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
<b>Total number of areas for improvement</b>	3	0

Areas for improvement and 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.

#### 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 23 July 2019.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: variation to registration plans and application and Statement of Purpose and Residents' Guide.

The following records were examined during the inspection: Planning approval letter, building control plan approval, fire risk assessment, BS5839 fire detection & alarm variation certificate, BS5266 emergency lighting system variation certificate, legionella risk assessment, thermostatic mixing valve commissioning/maintenance certificate, BS7671 electrical installation periodic inspection certificate, gas safe inspection certificate, nurse call system installation/maintenance certificate & electrical appliances portable appliance test (PAT) certificate.

The one area of improvement identified at the last care inspection was 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 previous inspection(s)**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27(2)(d) and (g)  <b>Stated:</b> First time  <b>To be completed by:</b> 24 August 2019	The registered person shall replace the carpet in the identified communal lounge and make good the three broken chairs in the dining room.  Ref: 6.4	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Assurances were given that the carpet in this communal lounge would be replaced when the planned work in the adjacent dining room is completed within the next three weeks.  The three broken chairs have been made good.	

**6.2 Inspection findings**

**6.2.1 Staffing**

The home, recruitment and selection policy and procedure complies with current legislation and best practice. Discussion with the manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The manager advised that care staff were being recruited for the residential home.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Records were maintained of professional registrations and these were audited regularly.

The manager advised that staffing levels for the residential unit will be subject to regular review to ensure the assessed needs of the residents were met.

The additional staffing levels over the 24 hour period were discussed. Domestic, laundry and catering staffing hours was also discussed. An activities co-ordinator is in place.

A staff induction programme is in place for all staff, relevant to their specific roles and responsibilities.

Mandatory training, supervision and appraisal of staff is in place with a schedule for mandatory training, annual staff appraisals and staff supervision.

It was identified that competency and capability assessments were not yet in place for any person who is given the responsibility of being in charge of the residential home for any period in the absence of the manager. This has been identified as an issue of improvement in accordance with legislation.

### **6.2.2 Environment**

The new extension part of the home was facilitated to a comfortable, high standard throughout.

We note that the currently designated dining space provision is not sufficient to accommodate the proposed additional eight residents.

The responsible individual provided floor plan details detailing the additional dining space to be created during the ongoing building alteration works. The dining accommodation alteration works are to be completed prior to 25 December 2019.

### **6.2.3 Fire safety**

A number of wall and ceiling penetrations were noted in the laundry and storeroom areas, and will require to be fire stopped.

The NIHTM84 fire risk assessment indicated that a minimum of four staff would be required at all times to facilitate efficient evacuation during emergency incidents.

### **6.2.4 Management arrangements**

The manager confirmed that the needs of residents will met in accordance with the home's Statement of Purpose and the categories of care for which the home will be registered with RQIA.

The responsible individual who was in attendance at this inspection is closely involved in the management of the home, since undertaking this role.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives will be made aware of how to make a complaint by way of the Residents Guide and displayed information on this.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. Senior staff are provided with access to the RQIA web portal. A regular audit of accidents and incidents in the residential home will be undertaken.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

### Areas of good practice

There were areas of good practice found in respect of

### Areas for improvement

There were areas of improvement identified during the inspection in respect of competency and capability assessments,

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	0

### 6.3 Fit person interview

Providers of regulated establishments require to be registered with RQIA in accordance with Article 12 of The Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, as it is an offence to carry on an establishment of any description without being registered in respect of it.

John Wallace submitted an application to RQIA to become the responsible individual of Redford Residential Care Home. The relevant information, supporting documentation and appropriate fees accompanied the application.

A fit person interview is to be arranged with John Wallace to be registered as responsible individual for Redford Residential Care Home.

### 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

<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20(3)  <b>Stated:</b> First time  <b>To be completed by:</b> 21 December 2019	<p>The registered person shall ensure that any member of staff who is in charge of the home in the absence of the registered manager has a competency and capability assessment.</p> <p>Ref: 6.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b>          We can confirm this is already the case. All staff who are in charge in manager absence have competency assessments completed.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulations 27(2)(f) & (g)  <b>Stated:</b> First time  <b>To be completed by:</b> 21 December 2019	<p>The registered person shall ensure that a minimum ratio of 1.5 sq m of dining space will be available for all residents</p> <p>Ref: 6.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b>          The additional 1.5 sq m of dining space will be in place following current internal construction work. To minimise disruption over the festive period this will be completed by the 20th January 2020 at the latest.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27(4)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> 21 December 2019	<p>The registered person shall ensure that all wall and ceiling services penetrations are fire stopped with 30 minute fire resistant material.</p> <p>Staffing levels must comply with NIHTM 84 fire risk assessor's requirements.</p> <p>Ref: 6.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b>          All fire wall and ceiling service penetrations have been fire stopped as required. Redford will comply with all staffing levels as per NIHTM 84 fire risk assessor's requirements.</p>

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



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