



Unannounced Care Inspection Report

23 July 2019



Redford

Type of Service: Residential Care Home
Address: 15 Redford Road, Cullybackey BT43 5PR
Tel no: 02825880671
Inspector: John McAuley

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.

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 registered residential care home which provides care for up to 22 residents, within the categories of care detailed in its certificate of registration and 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Redford Residential Home Responsible Individual: William James Wallace	Registered Manager and date registered: Trevor Gillen 21 November 2013
Person in charge at the time of inspection: Reigan Barr, senior care assistant then Trevor Gillen from 12.00 hours	Number of registered places: 22
Categories of care: 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	Total number of residents in the residential care home on the day of this inspection: 18 plus 4 residents in hospital

4.0 Inspection summary

This unannounced inspection took place on 23 July 2019 from 09.50 hours to 14.00 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the relaxed homely atmosphere in the home, organised, unhurried care practices and staffs friendly supportive interactions with residents. Good practices were also found in relation to the maintenance of care records and staffs knowledge and understanding of residents' needs and prescribed care interventions.

One area requiring improvement was identified. This was in relation to replacing the carpet in a communal lounge and repair of identified dining room chairs.

Residents described living in the home as being a good experience/in positive terms. Some of the comments made included statements such as: "I love it here," and, "I am here over a year now and I like it very much. The carers are all very good."

Comments received from residents and staff during this inspection are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

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 inspection dated 15 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 15 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

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

- staff duty rota
- staff training schedule and training records
- one staff member's recruitment and induction records
- two residents' records of care
- complaint records
- compliment records
- accident/incident records
- RQIA registration certificate

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 last care inspection dated 15 January 2019

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: Regulation 20 (1) (a) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: This provision was put in place accordingly.	
Area for improvement 2 Ref: Regulation 15 (1) (a) Stated: First time	The registered person shall ensure that the distressed behaviours of the identified resident are reviewed with the resident's aligned named worker.	Met
	Action taken as confirmed during the inspection: This review was put in place with the aligned named worker.	
Area for improvement 3 Ref: Regulation 27 (4) (e) and (f) Stated: First time	The registered person shall ensure all staff in the home are in receipt of fire safety training and fire safety drills.	Met
	Action taken as confirmed during the inspection: An inspection of fire safety records confirmed that such training and safety drills were put in place for all staff.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.11 Stated: First time	The registered person shall resolve the issue of inappropriate storage in the visitors' room.	Met
	Action taken as confirmed during the inspection: Inappropriate storage in this room was largely resolved.	
Area for improvement 2 Ref: Standard 12.13 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A quality assurance audit of the provision of meals was put in place. Throughout this inspection, residents praised this provision.	
Area for improvement 3 Ref: Standard N15 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: These areas were made good.	

Areas for improvement from the last medicines management inspection

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that robust arrangements are in place for the management of controlled drugs.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area of improvement was not reviewed on this occasion.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6 Stated: Second time	The registered provider should develop a system to ensure that the information in care plans is up to date.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area of improvement was not reviewed on this occasion.	
Area for improvement 2 Ref: Standard 30 Stated: First time	The registered person shall ensure that two staff are involved in the transcribing of medicines information and both staff sign the record.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area of improvement was not reviewed on this occasion.	
Area for improvement 3 Ref: Standard 30 Stated: First time	The registered person shall review staff training in relation to the management of diabetes.	Met
	Action taken as confirmed during the inspection: This training has been put in place on 20 March 2019.	
Area for improvement 4 Ref: Standard 32 Stated: First time	The registered person shall review the storage arrangements for medicines.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area of improvement was not reviewed on this occasion.	

6.2 Inspection findings

6.3 Is care safe?

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

Throughout this inspection residents advised that they felt safe in the home and that staff were responsive to their needs and were kind and supportive.

Staffing

Inspection of the duty rota confirmed that it accurately reflective the staff on duty at the time of this inspection.

The senior care assistant advised that staffing levels were in keeping with resident dependencies and the size and layout of the home. General observations of care practices found there was adequate staffing in that care duties were unhurried and supportive. Care staffing levels were reviewed with the senior care assistant over the 24 hour period and this gave assurances that these were appropriate. Ancillary staff were in place to support roles with catering, housekeeping and laundry.

Staff induction, supervision and appraisal

Discussions with staff confirmed that any new members of staff have received an induction. An example of a record of staff induction was inspected and this was appropriately maintained. Added to this there was an additional member of care staff on duty on the afternoon/evening period to facilitate orientation and induction of a newly appointed staff member. This is good practice.

A programme of supervisions and appraisals was in place and was available for inspection. Staff spoke positively about this provision.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. Inspection of these details found that there was good compliance with staff in this area of regulation.

Staff recruitment

A sample of a staff member's recruitment records was inspected. This was confirmed to be in accordance with regulations and standards.

Staff training

Inspection of staff training records found that mandatory requirements and additional training areas were being met. A matrix of staff training is in place which identifies when staff have last received their mandatory training and when up-date training is required. This is good practice.

Safeguarding

Discussions with staff confirmed that they had knowledge and understanding of safeguarding principals. Staff were aware of their obligations to report any concerns and advised that they found management to be very approachable. They also advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with such appropriately. Staff were knowledgeable of the Health and Social Care Trust's role in safeguarding and these contacts details were readily available.

Environment

The home was clean and tidy. The standard of décor and furnishing differed between the older part of the home and the new extension. The older part of the home had largely dated décor

and furnishings although there was good evidence to confirm that these were being upgraded. For example, a number of residents' bedrooms had replacement flooring and bedroom furnishings. The décor and furnishings in the new extension part of the home was of a good standard.

Bathrooms and toilets were clean and hygienic.

Residents' bedrooms were comfortable and personalised.

The carpet in one of the communal lounge was heavily stained and beyond cleaning. There were also three chairs out of use in the dining room that needed repairing. This has been identified as an area of improvement in accordance with regulation to make good.

The dining room was comfortable, clean and tidy. It was reported that plans are in place when the further extension work has been completed, to extend this dining room to accommodate the increased occupancy.

The grounds of the home were well maintained.

Radiator/hot surface covers had been tastefully installed in residents' bedrooms. This eliminates the risk of a resident from surface burns in the event of a fall. This is to be commended.

Fire Safety

The home's most recent fire safety risk assessment, dated 29 May 2019, was inspected. No recommendations were made from this assessment.

An inspection of fire safety records confirmed that staff had received fire safety training and up-to-date fire safety drills.

Fire safety checks of the environment were being maintained on a regular and up-to-date basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training and supervision.

Areas for improvement

One area of improvement was identified. This was in relation to replacing a carpet in the communal lounge and repair of identified chairs in the dining room.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

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

Discussions with staff confirmed that they had good knowledge and understanding of residents' needs and prescribed care interventions. Staff also advised that there was good communication and teamwork between staff members for the benefit of residents.

Care records

An inspection of a sample of two residents' care records was undertaken. These records were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments and care plans. Care needs assessment and risk assessments, for example safe moving and handling, nutrition, and falls 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 and were found to be updated regularly to reflect the changing needs of the individual residents.

There was evidence that residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Signatures of participation in this process were included the care records.

Progress records were well written on an up-to-date basis and were normative and detailed. These records also gave detail of care/treatment given in response to issues of assessed need and the effect of this care/treatment. This is good practice.

Effectiveness of care

Throughout this inspection residents' needs were found to be met in an organised, unhurried manner, with good support with the team of staff in doing so. Care practices pertaining to safe moving and handling and infection prevention and control were appropriately in place.

Staff took time to interact with residents and consent was requested when seeking to undertake tasks with personal care.

Residents were dressed well in matching attire. Glasses and walking aids were also clean and appeared in good working order.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff's knowledge and understanding of residents' needs and prescribed care interventions.

Areas for improvement

No areas of improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

Staff interactions with residents were found to be warm, friendly, supportive and polite. A nice, homely ambience was in place with residents being comfortable and at ease in their environment and interactions with staff.

Residents' Views

Discussions were undertaken with all the residents in the home at the time of this inspection. In accordance with their capabilities residents confirmed that they were happy with the provision of care, the kindness and support received from staff, the provision of meals and the general atmosphere in the home. Some of the comments included:

- "I love it here. I'm delighted with the home in every way. The food is too good. I couldn't find any faults here."
- "Of course this is a good home. I like it."
- "I love it here."
- "I am here over a year now and I like it very much. The carers are all very good."
- "It's the next best thing to being at home."
- "The meals are delicious."
- "I can't complain about a thing. The staff are wonderful."

Dining experience

The dining room was suitably facilitated with tables nicely set with choice of condiments. The choice of lunchtime meal was appetising, wholesome and nutritional. Staff attended to residents' needs in a caring unhurried manner. A nice ambience was in place for residents to enjoy their meal. Feedback from residents throughout this inspection on the provision of meals was all positive.

The catering facility was tidy, clean and appeared well organised.

Areas of good practice

There were examples of good practice in respect of this domain found throughout this inspection in relation to feedback from residents and general observations of care practices.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

During this inspection, discussions were had with the applicant responsible individual, John Wallace. Issues relating to quality assurance, governance, staffing, care provision and complaints were discussed.

Management arrangements

The registered manager who was available for support and advice during this inspection reported for duty at 12.00 hours. The applicant responsible individual was also available throughout this inspection for support and advice. Both received feedback at the conclusion.

The senior care assistant in charge acted with confidence and competence throughout this inspection. When the registered manager or senior care staff are not on duty a nominated care assistant with key holding duties is the nominated person in charge. A member of senior staff is allocated to be on-call. The care assistant with key holding duties has a competency and capability assessment in place to confirm that they have the necessary skills and knowledge to be in charge. A sample of this assessment was inspected and was appropriately maintained.

Management arrangements were discussed with the applicant responsible individual, who gave good assurances in terms of planning, structures, training and oversight.

Accidents and Incidents

An inspection of accidents and incidents reports from 16 January 2019 confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The format of recording accidents and incidents was considered good. A monthly audit of accidents and incidents was undertaken. This was discussed with the registered manager who demonstrated good governance in respect of this.

Staff views

Staff advised that they would feel comfortable about raising any concerns and they felt that any such would be dealt with appropriately by management. Staff confirmed that there were good morale and working relationships within the home. Staff also advised that they felt a good standard of care was provided for and discussions revealed that they were positive and enthusiastic about their roles and duties.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements and feedback from staff.

Areas for improvement

No areas for improvement were identified in respect of this domain during the 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

<p>Area for improvement 1</p> <p>Ref: Regulation 27(2)(d) and (g)</p> <p>Stated: First time</p> <p>To be completed by: 24 August 2019</p>	<p>The registered person shall replace the carpet in the identified communal lounge and make good the three broken chairs in the dining room.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Carpet in communal lounge will be replaced following the the completion of the planned internal renovations. Agreed with Mr John Mc Auley.</p> <p>Broken chairs in dining room have been repaired</p>



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