



Unannounced Care Inspection Report 26 November 2020



Redford

Type of Service: Residential Care Home
Address: 15 Redford Road, Cullybackey, BT43 5PR
Tel No: 028 2588 0671
Inspector: Mandy Ellis

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 residential care home registered to provide residential care for up to 30 residents.

3.0 Service details

Organisation/Registered Provider: Redford Residential Care Homes Ltd Responsible Individual(s): John Wallace – registration pending	Registered Manager and date registered: Trevor Gillen 21 November 2013
Person in charge at the time of inspection: Zuzana Bertatova – senior care assistant (08.00 – 13.00) Trevor Gillen – manager (13.00 – 18.00)	Number of registered places: 30 Maximum of 6 residents in RC-DE category of care
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: 27

4.0 Inspection summary

An unannounced inspection took place on 26 November 2020 from 09.50 to 15.50 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- environment
- care delivery
- governance and management arrangements.

The findings of this report will provide Redford 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	3*	4*

*The total number of areas for improvement includes three areas under the regulations and three areas under the standards which have been carried forward to the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Trevor Gillen, manager and Kim Robinson, senior care assistant, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with seven residents and six staff. Questionnaires were also left in the home to obtain feedback from residents and their relatives/ representatives. Ten questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

We provided the manager with 'Tell us cards' which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No completed questionnaires or responses to the staff survey were returned within the indicated timeframe.

The following records were examined during the inspection:

- the duty rota from 23 November 2020 to 6 December 2020
- the home's registration certificate
- three residents' care records
- one recruitment file
- a sample of governance audits/records
- a sample of monthly monitoring reports.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or carried forward to a future inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 17 September 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		
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: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: Second time	The registered person shall take adequate precautions against the risk of fire by ensuring the practice of propping open fire doors ceases immediately.	Met
	Action taken as confirmed during the inspection: Fire doors were observed not to be propped open on the day of inspection.	
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between residents and staff. With specific reference to: <ul style="list-style-type: none"> • staff were wearing nail polish, gel nails and items of jewellery • plastic covering or wipe able material on all pull cords • replacement / repair of damaged bedroom furniture • replacement of ripped chairs in the lounge • dust build up on wardrobes and bed frames • appropriate PPE to be worn by staff when 	Carried forward to the next care inspection

	serving food.	
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (1) (2) (b) (c) (j)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the fitness of the residential premises as outlined in the homes statement of purpose. With specific reference to:</p> <ul style="list-style-type: none"> • replacement of missing handles on bedroom furniture • replacement of flooring in the identified bedrooms • replacement flooring in the foyer and adjoining corridors • appropriate sink facilities in the identified bathroom • replacement/ refurbishment of the bath seat in the identified bathroom <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<p>The registered person shall implement robust governance and management systems to ensure effective managerial monitoring and oversight of the day to day service provided by the home. This relates specifically to the robust completion and/or oversight of governance all quality assurance audits by the manager.</p> <p>Action taken as confirmed during the inspection: New governance systems in respect to audits have been introduced. These audits are undertaken by the senior care assistants. The manager signs and has oversight of the audit process. The manager has also commenced a separate weekly report on the day to day running of the home.</p>	<p>Met</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p>	<p>The registered person shall monitor the quality of services in accordance with the home's written procedures and complete a monitoring report on a monthly basis. The reports should be available at all times for inspection by RQIA.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Monthly monitoring reports are completed. The most recent report was available for review on inspection.</p>		
<p>Area for improvement 7</p> <p>Ref: Regulation 21(5)(d) (i)</p> <p>Stated: First time</p>	<p>The registered person shall develop a system to ensure that checks are being conducted on a regular basis to ensure staff are registered with their appropriate regulatory body.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A system has been introduced to monitor staff registration with their regulatory body.</p>		
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that two staff are involved in the transcribing of medicines information and both staff sign the record.</p>	<p>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</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>Area for improvement 2</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall review staff training in relation to the management of diabetes.</p>	<p>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</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>Area for improvement 3</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>The registered person shall review the storage arrangements for medicines.</p> <p>Action taken as confirmed during the 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.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 4</p> <p>Ref: Standard 25</p> <p>Stated: First time</p>	<p>The registered person shall implement a resident dependency tool to ensure that the number and ratio of staff on duty at all times meets the care needs of the residents.</p> <p>Action taken as confirmed during the inspection: A resident dependency tool has been introduced for use to ensure the ratio of staff on duty reflects the assessed needs of the residents.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall review the dining experience for residents to ensure :</p> <ul style="list-style-type: none"> • tables are dressed appropriately • residents are given a choice of meal at each mealtime • the daily menu is displayed in a suitable format and is reflective of the meal choices available • food served to residents in their bedrooms or other areas of the home should be transported using a tray and with the food covered. <p>Action taken as confirmed during the inspection: The dining room tables were dressed with table cloths. The menu was appropriately displayed. Residents had a choice of meal. Lunch being served to those residents in their rooms was appropriately covered and on a tray.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standards 5 and 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following with regard to residents care records:</p> <ul style="list-style-type: none"> • resident involvement in the assessment and care planning process should be evidenced and where appropriate care records and assessments are signed by the resident. 	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The care records reviewed evidenced resident involvement in the planning of their care in Redford. The records reviewed were appropriately signed.</p>	
<p>Area for improvement 7 Ref: Standards 19 (2) Stated: First time</p>	<p>The registered person shall ensure that, prior to making an offer of employment, all necessary recruitment checks have been carried out.</p> <p>Action taken as confirmed during the inspection: There have been no new employees since the last inspection; however, one recruitment file was reviewed for a staff member. See section 6.2.5.</p> <p>A recruitment checklist has been implemented. This checklist will be utilised to ensure all the appropriate checks are carried out prior to an offer of employment is made. This checklist is overseen and signed by the manager.</p>	Met

6.2 Inspection findings

6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home. We were advised that staff had a temperature and symptom check upon arrival to work; a record of this was maintained. It was encouraging to note that the inspector was also required to undergo a temperature and symptom check upon arrival to the home.

On the day of the inspection we observed that staffing levels were satisfactory and residents' needs were being met in a prompt and timely manner. The manager told us how the home has started to utilise a resident dependency tool to ensure staffing levels meet the assessed needs of the residents. The dependency tool will be regularly reviewed and updated at least monthly or as resident needs change. This will be monitored on future inspections.

We reviewed the duty rotas for the period 23 November 2020 to 6 December 2020. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the residents and to support the care staff.

Staff spoken with commented positively about working in the home.

6.2.2 Personal Protective Equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. We observed that PPE was readily available and staff were observed using PPE appropriately. The manager told us that the home had sufficient PPE supplies available. New danicentres (wall mounted PPE dispensers) had been erected throughout the home and these were found to be well stocked.

Staff were observed to adhere to bare below the elbow and to use PPE appropriately. The home has implemented an infection control champion role; this is a staff member who has a keen interest in this area of work.

6.2.3 Infection Prevention and Control (IPC) and the Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluice rooms and storage areas.

We found corridors and fire exits to be clear and unobstructed and the home was clean, tidy and fresh smelling throughout.

The residents' bedrooms which were viewed appeared clean, warm and had been personalised with items that were meaningful to individual residents.

Progress had been made with the identified refurbishment and improvements required following the previous inspection and serious concerns meeting in September 2020. The foyer area has new flooring which brightens the entrance to the home. Bedroom furniture in several bedrooms has been replaced, the items of furniture requiring new handles have been addressed and a new sink was in place in the identified bathroom. Light pull covers/sheaths had been ordered but not in place on inspection; communication received from the manager after the inspection confirmed these are now all in place. The refurbishment plan is ongoing and further actions are still required, this will be monitored on future inspections to ensure timeframes identified are adhered to.

We observed the designated outside resident smoking area untidy. There was no evidence of an appropriate receptacle to dispose of ash or cigarette butts or appropriate seating for the residents who avail of this area. This was discussed with the manager that a review of this area should be done to ensure the area is effective to meet the needs of the residents who smoke. This has been identified as an area for improvement.

6.2.4 Care delivery

Residents looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff were seen to treat residents with respect and to talk to them in a friendly and pleasant manner. Residents spoken with commented positively about the care they received; they told us:

- "I'm well looked after."
- "I can't complain."
- "I press my buzzer and they do all that they can."
- "The staff are good enough."
- "I'm spoilt."

We observed the serving of the lunchtime meal. The dining room area was attractively set and dressed with table cloths. The menu displayed the food on offer. We saw that staff attended to the residents' needs in a prompt, caring manner and that staff wore the appropriate PPE. Residents were offered a selection of drinks. The food served looked and smelt appetising. To ensure social distancing, meals were served in two sittings to reduce the number of residents in the dining room at any one time. Food leaving the dining room to be served to residents in their bedrooms was appropriately covered and on a tray. Residents commented positively on the quality of the food: they told us:

- "the food is good."
- "It's lovely."

Review of three residents' care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of residents. Risk assessments reviewed were up to date and appropriate to the residents' needs. The care records reviewed have been updated and now include the residents' signature where appropriate; this evidences the residents' consultation and involvement in the planning of their care in Redford.

6.2.5 Governance and management arrangements

A number of governance audits were completed to assure the quality of care and services. Audits reviewed included accidents, activities, the duty rota, hydration chart and falls. A daily walk around checklist has been implemented since the last inspection; the walk around incorporates checking fire doors, staff practice, PPE adherence and environmental observations of bedrooms and communal areas. The senior care staff continue to conduct the audits within the home. The manager's signature was noted on the audits; this provides assurance that the manager has oversight of the areas audited and the outlined actions to any identified deficits.

A review of records confirmed that a process had been implemented to monitor the registration status of care staff with the Northern Ireland Social Care Council (NISCC).

A review of the accident and incident records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies.

A review of records evidenced the responsible individual had completed a monthly monitoring report for the month of November. The report was completed in accordance with Regulation 29 of the Residential Homes Regulations (Northern Ireland) 2005.

There has been no staff recruitment in Redford since the last inspection. To ensure compliance with the area for improvement in regard to the recruitment of staff; one staff recruitment file was reviewed; the file had been reviewed by the manager using the newly implemented recruitment checklist. The file evidenced that the appropriate pre-employment checks had been completed prior to the staff member commencing employment.

Areas of good practice

Areas of good practice were identified in relation to care delivery and staff interaction with residents.

Areas for improvement

One new area for improvement was identified during the inspection in relation to the smoking area for residents.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

On the day of the inspection patients were observed to be well cared for, content and settled in the home. Staff treated them with kindness and compassion; staff were timely in responding to their individual needs.

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, manager and Kim Robinson, senior care assistant, 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 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 13(4) Stated: First time To be completed by: 8 January 2019	<p>The registered person shall ensure that robust arrangements are in place for the management of controlled drugs.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: 17 October 2020	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between residents and staff. With specific reference to:</p> <ul style="list-style-type: none"> • staff were wearing nail polish, gel nails and items of jewellery • plastic covering or wipe able material on all pull cords • replacement / repair of damaged bedroom furniture • replacement of ripped chairs in the lounge • dust build up on wardrobes and bed frames • appropriate PPE to be worn by staff when serving food. <p>Ref: 6.1 and 6.2.2</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 3 Ref: Regulation 27 (1) (2) (b) (c) (j) Stated: First time To be completed by: 1 November 2021	<p>The registered person shall ensure the fitness of the residential premises as outlined in the homes statement of purpose. With specific reference to:</p> <ul style="list-style-type: none"> • replacement of missing handles on bedroom furniture • replacement of flooring in the identified bedrooms • replacement flooring in the foyer and adjoining corridors • appropriate sink facilities in the identified bathroom • replacement/ refurbishment of the bath seat in the identified bathroom <p>Ref: 6.1 and 6.2.3</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: 8 January 2019	The registered person shall ensure that two staff are involved in the transcribing of medicines information and both staff sign the record. Ref: 6.1
	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 2 Ref: Standard 30 Stated: First time To be completed by: 8 January 2019	The registered person shall review staff training in relation to the management of diabetes. Ref: 6.1
	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 32 Stated: First time To be completed by: 8 January 2019	The registered person shall review the storage arrangements for medicines. Ref: 6.1
	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 4 Ref: Standard 27.5 Stated: First time To be completed by: 31 December 2020	The registered person shall ensure that suitable arrangements are in place for the management of smoking, including appropriate receptacles and seating for residents who smoke. Ref: 6.2.3
	Response by registered person detailing the actions taken: An appropriate ashtray and a seat are now in place for residents who smoke. The Registered Provider is in the process of providing a covered area for smokers. However due to the current lock down it is difficult to give an exact date as to when this will be completed.

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)