

Inspection Report

28 September 2023



Redford

Type of service: Residential Care Home
Address: 15 Redford Road, Cullybackey, BT43 5PR
Telephone number: 028 2588 0671

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

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| <p>Organisation: Redford Residential Care Homes Limited</p> <p>Responsible Individual: Mr John Wallace</p> | <p>Registered Manager: Mrs Paula Douglas</p> <p>Date registered: 14 October 2021</p> |
| <p>Person in charge at the time of inspection: Reigan Monaghan (Senior Care Assistant)</p> | <p>Number of registered places: 30</p> <p>Maximum of 6 residents in RC-DE category of care</p> |
| <p>Categories of care: Residential Care (RC) DE – Dementia. PH(E) - Physical disability other than sensory impairment – over 65 years. I – Old age not falling within any other category.</p> | <p>Number of residents accommodated in the residential care home on the day of this inspection: 28</p> |
| <p>Brief description of the accommodation/how the service operates: This is a registered Residential Home which provides social care for up to 30 residents. The accommodation is on one level and residents have access to communal lounges, a dining room and a garden.</p> | |

2.0 Inspection summary

An unannounced inspection took place on 28 September 2023, from 10.15 am to 5.15 pm by a care inspector.

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.

The home was bright and welcoming, clean, neat and tidy, suitably decorated. Residents and visitors spoken with provided positive feedback about the care in the home. Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

It was evident that staff promoted the dignity and well-being of residents, this was observed in staff interactions and communication with residents, offering choice throughout the day.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Areas requiring improvement were identified relating to the Control of Substances Hazardous to Health (COSHH), duty rota, care records, cleaning of equipment, record of activities and completion of monthly monitoring reports.

RQIA were assured that the delivery of care and service provided in Redford care home was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the Person in Charge at the conclusion of the inspection and shared with the manager following the inspection.

4.0 What people told us about the service

Residents told us they enjoyed living in the home. One resident said "I think it's great." Residents provided positive feedback regarding the staff, food and care. Another resident said, "I love it in here, staff are great." Residents told us they had the opportunity to choose how to spend their day and told us staff were responsive and approachable.

Staff told us they “love” working in the home and that there is good team work and support from the manager.

A visitor spoken with praised the staff and the care their relative has received during their time in the home.

No questionnaires were received from residents or relatives following the inspection and no staff completed the online survey.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. One compliment read, “a big thank-you for all the care, attention and love shown to my relative whilst a resident in Redford.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

| Areas for improvement from the last inspection on 6 th September 2022 | | |
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| 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 implement a robust audit system which covers all aspects of the management of medicines, including those identified at this inspection. Any shortfalls identified should be detailed in an action plan and addressed. | Carried forward to the next inspection |
| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. | |
| Area for improvement 2 Ref: Regulation 21 (1) (b) (c) Stated: First time | The registered person shall ensure that pre-employment information has been obtained prior to any persons commencing work in the home. This is with specific reference to detailed employment history, satisfactory explanations for gaps in employment, and suitable references | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |

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| <p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that fittings and furnishings that cannot be effectively cleaned due to damage and/or wear and tear are repaired or replaced to allow for effective infection prevention and control.</p> <p>This is with specific reference to:</p> <ul style="list-style-type: none"> • handrails • bedroom furniture | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p> | | |
| <p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p> | | <p>Validation of compliance</p> |
| <p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> | <p>The registered person shall monitor the administration of medicines process to ensure that administration of topical medicines is fully and accurately complete.</p> | <p>Carried forward to the next inspection</p> |
| <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> | | |
| <p>Area for improvement 2</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> | <p>The registered person shall ensure that there are effective arrangements in place to maintain an acceptable standard of décor within the home, and that action is taken to address deficits in the environment, such as damaged bedroom walls.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p> | | |
| <p>Area for improvement 3</p> <p>Ref: Standard 20 Criteria 10</p> <p>Stated: First time</p> | <p>The registered person shall ensure that auditing systems contain a clear action plan specifying the action required, who is responsible, and an expected timeframe for completion.</p> | <p>Partially met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Audits are being completed on a consistent basis however, actions plan were not always</p> | | |

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| | time bound. Falls audits did not provide a clear analysis to address patterns/trends to reduce the risk of reoccurrence. Further improvement is required. This area for improvement has been partially met and is stated for a second time. | |
| Area for improvement 4 Ref: Standard 13 Stated: First time | The registered person shall ensure that effective arrangements are in place to ensure that person centred activities are provided to residents in a consistent manner. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota did not always clearly identify the person in charge when the manager was not on duty. This was discussed with the Person in Charge and an area for improvement was identified.

It was noted that there were enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, a staff member was observed providing haircare to a resident in a caring manner. This was evident in the interaction between the staff member and resident.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said staff were always available and responded promptly to call bells. Residents told us there was enough staff to provide activities and they had confidence in staff's ability to provide good care.

A visitor told us there was enough staff around and available to respond promptly to requests for help.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. For example, a staff member was observed supporting residents with nail care in a caring and dignified manner.

Some residents are required to have Deprivation of Liberty Safeguards (DoLs) in place, it was established that safe systems were in place to manage these.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents' needs and if required, care staff consulted the District Nurse and followed the recommendations they made.

Examination of records evidenced that post falls monitoring was implemented. However, care records did not always outline the risk mitigations implemented to manage and reduce the risk of falls. This was discussed with the Person in Charge and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous and tailored to each individual's preference. There was a variety of condiments and drinks available.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. For example; residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished; and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

There was evidence throughout the home of 'homely' touches such as flowers, newspapers, magazines, snacks and drinks available. Corridors were suitably decorated according to the season which were bright and welcoming. Residents told us the environment was well maintained and kept neat, clean and tidy.

Denture cleaning tablets were stored in a resident's bedroom, these were removed immediately by staff. An area for improvement was identified.

There were a number of identified pieces of equipment which required a deep clean, including; individual walking aids; pressure relieving equipment and communal seating. This was discussed with the Person in Charge and an area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Could go out with family or friends and have visits from relatives in their room or one of the lounges. During the inspection there was evidence of planned activities taking place, residents were playing bingo in the lounge. Residents told us there were activities organised on an ongoing basis, one resident

said “there are plenty of activities down in the living room.” Care records relating to activities did not always reflect that all residents were offered activities and lacked detail regarding the activities and those in attendance. This was discussed with the Person in Charge and an area for improvement was identified.

Residents were observed seated in the lounge and communal areas of the home, listening to music; engaging with staff and interacting with one another throughout the day. Other residents who preferred to spend time alone in their rooms were supported to do so and had their wishes maintained and supported. One resident was completing a puzzle in their room, another watching their preferred television programme.

The activity planner was in place and evidenced a range of activities including; comic book day, autumn wreath making and; alive and active. A visitor told us there are always activities going on in the home and staff try to support and promote individual choice if residents do not wish to get involved in the activities being facilitated.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example, a recent survey was completed with regards to the mealtime experience.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Paula Douglas has been the registered manager in this home since 14 October 2021.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home, however there was not always evidence of time bound action plans or analysis of patterns and trends to promote improvement for example; falls audits. The previous area for improvement identified regarding this has been partially met and has been stated for a second time.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home’s safeguarding policy. The manager, Mrs Paula Douglas was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding of adults at risk of harm.

Residents and their relatives spoken with said, they knew how to report any concerns and were confident that the manager would address these. Review of the home’s record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and the quality of services provided by the home. This is good practice.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents’ next of kin, their care manager and to RQIA.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. However, there was evidence this was not completed on a monthly basis. This was discussed with the Person in Charge and an area for improvement was identified. The reports of these visits which were made available, were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

6.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

| | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| Total number of Areas for Improvement | 3* | 6* |

* the total number of areas for improvement includes one regulation and one standard that have been carried forward for review at the next inspection and one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Reigan Monaghan (Person in Charge) in the absence of the manager and later on with the manager as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| 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: Immediately and ongoing | The registered person shall implement a robust audit system which covers all aspects of the management of medicines, including those identified at this inspection. Any shortfalls identified should be detailed in an action plan and addressed. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. |

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| <p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p> | <p>The registered person shall ensure that unnecessary risk to residents are appropriately managed. This relates to the appropriate management of denture cleaning tablets.</p> <p>Ref: 5.2.3</p> |
| <p>Area for improvement 3</p> <p>Ref: Regulation 29 (3)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p> | <p>The registered person shall ensure that monitoring visits take place at least once a month by the registered provider or a representative of the registered provider and reports are maintained in the home.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: All steradent tablets have been removed from residents bedrooms, new lockable cabinets have been ordered to store the denture cleaning tablets securely. A notice has also been displayed to advise of the changes.</p> <p>Response by registered person detailing the actions taken: Monthly monitoring visits will be completed and reports available for inspection in the home.</p> |
| <p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p> | |
| <p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p> | <p>The registered person shall monitor the administration of medicines process to ensure that administration of topical medicines is fully and accurately complete.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 20 Criteria 10</p> <p>Stated: Second time</p> <p>To be completed by: Immediately and ongoing</p> | <p>The registered person shall ensure that auditing systems contain a clear action plan specifying the action required, who is responsible, and an expected timeframe for completion.</p> <p>Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: Audit template has been reviewed and amended accordingly. New template has been shared with all appropriate staff to be implemented immediately.</p> |

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| Area for improvement 3 Ref: Standard 25.3 Stated: First time To be completed by: Immediately and ongoing | The registered person shall ensure that the person in charge is clearly identified on the duty rota, when the manager is not. Ref: 5.2.1 |
| | Response by registered person detailing the actions taken: All future rota's will clearly reflect the person in charge in the absence of the manager. |
| Area for improvement 4 Ref: Standard 6.2 Stated: First time To be completed by: Immediately and ongoing | The registered person shall ensure that if a resident is assessed as at risk of falls, care plans clearly reflect the risk mitigations in place. Ref: 5.2.2 |
| | Response by registered person detailing the actions taken: All staff responsible for reviewing/updating care plans have been advised that it must clearly state any risk mitigations in regards to falls. |
| Area for improvement 5 Ref: Standard 35 Stated: First time To be completed by: Immediately and ongoing | The registered person shall ensure equipment and furniture are cleaned effectively, to minimise the risk of infection for staff, residents and visitors. Ref: 5.2.3 |
| | Response by registered person detailing the actions taken: New process in place to ensure that all aids & equipment are cleaned effectively, with written records on completion. |
| Area for improvement 6 Ref: Standard 13.9 Stated: First time To be completed by: Immediately and ongoing | The registered person shall ensure a consistent record is kept of the activities offered to all residents. Ref: 5.2.4 |
| | Response by registered person detailing the actions taken: Activity record template has been reviewed & amended. New template will include which residents have been offered activities and which residents decided to take part. |

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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