



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 10 March 2020



De La Cour House

Type of Service: Residential Care Home
Address: 48 Woodcot Avenue, Belfast, BT5 5JB
Tel no: 028 9073 9848
Inspector: Elizabeth Colgan

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 13 residents within the categories of care as outlined in Section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Clanmil Housing Association Responsible Individual: Clare Imogen McCarty	Registered Manager and date registered: Geraldine Boyce
Person in charge at the time of inspection: Geraldine Boyce	Number of registered places: 13
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 11

4.0 Inspection summary

An unannounced inspection took place on 10 March 2020 from 09.30 hours to 14.00 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 following areas were examined during the inspection:

- staffing arrangements
- deprivation of liberty safeguards (DoLS)
- meals and mealtimes
- care records
- consultation with residents, staff and visiting professionals
- governance arrangements
- the environment

Residents described the home in very positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

Two areas for improvement were identified in relation care records and the home's environment.

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	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Geraldine Boyce, manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 September 2019.

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 including registration information, and any other written or verbal information received, for example serious adverse incidents.

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

During the inspection the inspector met with 5 residents individually and a further eight residents in a group activity setting, and four staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' to be 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.

The following records were examined during the inspection:

- incident and accident records from 17 September 2019 November 2019 to 10 March 2020
- staffing rotas and NISCC registration
- staff meetings
- the care records of three residents
- a sample of reports of visits by the registered provider/monthly monitoring reports
- a sample of governance audits/records
- RQIA registration certificate
- staff training records
- resident meetings
- fire safety records

Areas for improvements identified at the last care inspection were reviewed and an 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

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 27 (4) (b) Stated: Second time	The registered person shall ensure adequate precautions against the risk of fire are in place in the home including appropriate management of fire doors.	Met
	Action taken as confirmed during the inspection: Review of documentation and observation confirmed that adequate precautions against the risk of fire were in place in the home including appropriate management of fire doors.	
Area for improvement 2 Ref: Regulation 29 (5) Stated: First time	The registered person shall ensure a copy of all monthly monitoring reports are maintained in the home and are available on request for identified persons.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that all monthly monitoring reports undertaken from the previous inspection were available for review.	

6.2 Inspection findings

6.2.1 Staffing

On arrival at the home residents were either in the lounge or their bedrooms. We could see staff respond promptly to residents call bells; assist and support residents in accordance with their individual needs in a respectful unhurried manner. Residents expressed no concerns

regarding staffing levels and staff told us that staffing levels were currently satisfactory in meeting the needs of residents.

Comments included:

- “Staff are all very helpful. “ (resident)
- “Couldn’t look after me better.” (resident)
- “Staff are very good.” (resident)
- “Manager very good.”
- “Recent illness dealt with very quickly.”
- “Feel safe and secure in the home.”
- “I enjoy working here.” (staff)
- “Have work here for years it’s a good home.” (staff)

Staffing levels explained by the manager were reflected within the staff duty roster which included management, senior care staff and care assistants.

We were informed that no new staff had been appointed since the last inspection. The manager advised recruitment records were stored at the organisations human resources department and were therefore not available for inspection. We discussed the recruitment list provided by human resources, the manager stated she had been in contact with one of the other managers and they had agreed that human resources would be contacted regarding this and to ensure that this list is reviewed to provide oversight for managers. This area should be reviewed at a future inspection.

Staff training schedules reviewed evidenced that mandatory training was being provided for staff and was kept updated.

Discussion with staff and review of the staff registrations with Northern Ireland Social Care Council (NISCC) evidenced that all staff were registered as required.

6.2.2 Deprivation of liberty safeguards (DoLS)

We were informed that there was a policy and procedure on restrictive practice/behaviours that challenge which was in keeping with current legislation and reflected best practice guidance on Deprivation of Liberty Safeguards (DoLS). In discussion with the manager it was confirmed that care staff had completed the Mental Capacity Act/Deprivation of Liberty Safeguards training level 2. The manager and senior carers had attended level 3 training.

The front door to the home was locked using a keypad system; other restrictive practices in use in the home included alarm mats. The person in charge confirmed if the use of an alarm mat was required this was reflected in the residents’ risk assessment and care plans accordingly and reviewed regularly.

6.2.3 Meals and meal times.

Menus were observed to be varied, appeared nutritious with choice provided at main meal times. The cook had reported sick on the day of the inspection. Care staff were preparing the lunchtime meal. It was obvious that staff were competent in this area.

Mid- morning, afternoon and evening snacks are provided. Residents told us they could have extra snack if wanted, “they only had to ask”.

Dining tables were nicely set with condiments, napkins and drinks provided. We discreetly observed the serving of the midday meal. Meals were plated by the cook and served to residents by staff. Staff were familiar with residents’ individual dietary needs and provided residents with appropriate meal choices. Residents were assisted to their seat when this was required. Those residents who preferred to eat in their rooms had a hot meal of their choice served to them on a tray.

The lunch time meal looked and smelt appetising and nutritious and residents were seen enjoying the food. Residents told the inspector that the food was lovely. Comments made by residents included:

- “The meals are good, plenty to eat”
- “Good home cooking.”
- “Food is good.”

6.2.4 Care records

Three care records were reviewed. Records were individualised and person centred with evidence of resident involvement; and care records were regularly reviewed. In one identified care record of a resident who had sustained a recent fall there was no recording in the progress notes regarding the fall, or the post management of the fall before attending the hospital three hours after the fall. The resident was subsequently admitted to hospital. There was a record of the fall on the computer record; however this did not detail the post management provided. An area for improvement under the standards was made.

The home has introduced daily recording for food and fluid, bowels and personal care for every resident. In the three records reviewed all charts had been fully completed. However discussion with staff indicated that it is difficult to have the time to complete these every day. The manager agreed to discuss this with her line manager.

6.2.5 Consultation with residents, staff and visiting professionals

During the inspection we met with five residents individually and a further eight residents in a group activity setting, and four staff. Residents taking part in the activity appeared to be relaxed and comfortable in their surrounding and in their interactions with others. There was a good atmosphere and the member of staff undertaking the activity was able to get all residents to join in dependent of their ability. The residents spoken with individually were very positive about their experience of living in the home, stating that staff were very friendly and helpful. None of the residents spoken with voiced any concerns.

Staff reported that there was good communication between staff for the benefit of residents and there was good team work.

Of the 10 questionnaires left in the home for residents or their representatives, none were returned. No completed staff questionnaires were submitted to RQIA following the inspection.

6.2.6 Governance arrangements

The manager explained that she completed a quality performance report on a monthly basis, part of which involved reviewing accidents and incidents, medications, supervision of staff and care plans. Additional management oversight and quality assurance was undertaken by way of the monthly monitoring visits undertaken by the registered provider's representative. Review of reports confirmed compliance with Regulation 29 of The Residential Care homes Regulations (Northern Ireland) 2005 and Minimum Care Standards. The reports included action plans to address areas for improvement and were followed up on a monthly basis.

Review of the record of staff meetings indicated that these are held on a regular basis and at least quarterly.

Accident and incident records were reviewed. The measures in place to minimise the risk of falls included, for example, fall risk assessments and referral to the trust occupational therapist regarding the provision of various aids and appliances to aid mobility as needed.

6.2.7 The environment

Residents' bedrooms were found to be personalised with items of memorabilia and special interests displayed. Generally all areas within the home were observed to be comfortably heated, odour free and clean. Fire exits were observed to be clear of clutter and obstruction. We observed that all store rooms requiring restricted access were locked with either a key or keypad. There were a number of environmental issues noted for improvement:

- The edging of the flooring to one identified ensuite was damaged and starting to lift
- The shower outlet in one identified ensuite was badly damaged and should be replaced
- One identified bedroom was very cluttered with a strong malodour
- The area at the bottom of the stairs required more in-depth cleaning
- The sluice room requires to be tidied, decluttered and cleaned
- A waste bin outside the kitchen area was very damaged and rusted in places and should be replaced.
- A surface of a wooden covering to the pipes at the end of the bath was not been sealed therefore it cannot be effectively cleaned.

This was discussed with the manager. An area for improvement under the standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff attentiveness to residents and the delivery of care which took into account personal choice for residents. Residents were enthusiastic about the home. Staff were knowledgeable of the needs of the residents and worked well as a team to deliver the care required.

Areas for improvement

Two areas for improvement were identified in relation to care records and the home's environment.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Geraldine Boyce, 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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 10 April 2020</p>	<p>The registered person shall ensure that the recording of care for a fall and post head injury management is improved.</p> <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: All Senior Care Assistants have received further supervision around managing residents following a head injury and the importance of accurate recording</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 10 April 2020</p>	<p>The registered person shall ensure that the areas identified at this inspection in regards to the home's environment are addressed.</p> <p>Ref: 6.2.7</p>
	<p>Response by registered person detailing the actions taken: All of the environmental issues mentioned will be dealt with when current pandemic has resolved</p>

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



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