



Unannounced Care Inspection Report 15 October 2020



De La Cour House

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

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 13 residents.

3.0 Service details

Organisation/Registered Provider: Clanmil Housing Association Responsible Individual: Clare Imogen McCarty	Registered Manager and date registered: Geraldine Boyce – 21 March 2019
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	Number of residents accommodated in the residential home on the day of this inspection: 9

4.0 Inspection summary

An unannounced care inspection took place on 15 October 2020 from 09.30 to 17.35 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 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 following areas were examined during the inspection:

- staffing
- Personal Protective Equipment (PPE)
- the home's environment
- care delivery
- care records
- governance and management arrangements.

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	3	*3

*The areas for improvement include one under the standards which has been stated for a second time.

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 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 the inspector met with seven residents and four staff.

Questionnaires and 'Tell Us' cards were also left in the home 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.

A poster was displayed for staff inviting them to provide feedback to RQIA on-line. Two completed questionnaires were received within the indicated timeframe indicating they were positive about the service received in De La Cour House.

The following records were examined during the inspection:

- duty rota from 12 October 2020 to 25 October 2020
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- a sample of staff training records
- staff supervision schedule
- incident/accident reports
- monthly monitoring reports dated
- a sample of governance audits/records
- complaints/compliments records
- staff competency and capability assessments
- three residents' care records
- a sample of food and fluid intake records
- COVID-19 information file
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance recorded as met or partially met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 10 March 2020.

Areas for improvement from the last care inspection		
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: First time	The registered person shall ensure that the recording of care for a fall and post head injury management is improved.	Partially met
	A review of records confirmed an overall improvement in falls management. One incident was identified which had not been appropriately recorded and reported. Therefore this area for improvement has been partially met and is stated for a second time.	
Area for improvement 2 Ref: Standard 27 Stated: First time	The registered person shall ensure that the areas identified at this inspection in regards to the home's environment are addressed.	Met
	Action taken as confirmed during the inspection: Some of the areas identified in the previous inspection had been addressed. However, during this inspection, further deficits in the home's environment were identified and a new area for improvement was made under regulation. This will be discussed further in section 6.2.3	

6.2 Inspection findings

6.2.1 Staffing

The manager outlined how residents' dependencies were regularly reassessed in order to ensure that staffing levels were maintained at satisfactory levels. During the inspection we observed that residents' needs were met promptly by the number and skill mix of staff on duty. No concerns regarding staffing levels were raised by residents or staff during the inspection.

Staff told us that teamwork was good and that the management team was supportive and approachable.

Staff were knowledgeable about the needs of the residents in their care and obviously knew them well. Staff were seen to treat residents with respect and kindness; there was a pleasant and friendly atmosphere in the home. Staff spoken with commented positively about working in the home; comments included:

- “I like working here.”
- “It’s brilliant, we have brilliant support the manager is very good.”
- “It’s good, I feel the management are supportive.”

Staff told us that they were provided with mandatory training and that they felt well equipped to carry out their role.

There was a system in place to ensure that staff were appropriately registered with NISCC.

6.2.2 Personal Protective Equipment (PPE)

Staff spoken with demonstrated their knowledge of the current regional guidelines regarding PPE. Staff were observed to put on and take off their PPE correctly and to carry out hand hygiene at appropriate times.

There was a plentiful supply of PPE available; PPE was located at different areas in the home. The manager confirmed that sufficient supplies of PPE were maintained and staff had received PPE awareness training. We observed in one instance however that PPE was stored on a rail outside a bedroom; the manager agreed to address this immediately.

Residents’ temperature checks were completed twice daily. Any visitors to the home also had a temperature check recorded. We observed that staff however had their temperatures recorded only once daily and not twice as directed in the Department of Health guidance. We discussed this with the manager who addressed this.

6.2.3 The home’s environment

Residents’ bedrooms were found to be personalised with items of memorabilia and special interests displayed.

The domestic on duty told us that, in addition to the regular cleaning schedule, frequently touched points were cleaned more often. We observed frequently touched points being cleaned during the inspection.

Generally all areas within the home were observed to be comfortably heated, odour free, secure and clean. However there were a number of environmental issues noted for improvement:

- the flooring to one identified ensuite was damaged and starting to lift
- drains in some showers not effectively cleaned
- paper towel dispenser broken in two areas need cleaned
- toilet seat broken in communal bathroom

- un-named toiletries in the communal bathroom
- the sluice room requires to be tidied, decluttered and cleaned
- tiles in an identified bathroom and store needs replaced
- various extractor fans needed cleaned.

Due to the environmental deficits identified during this inspection, an action plan was submitted to RQIA. This provided assurance that deficits will be addressed. An area for improvement stated in the previous inspection in relation to the environment was therefore partially met and will now be stated as an area for improvement under regulation. .

Fire exits were observed to be clear of clutter and obstruction. Corridors and fire exits were clear of obstruction. We however did identify that items had fallen behind the tumble dryer, a door to a cleaning store was edged open and a ceiling tile was missing from the upstairs corridor. These issues were highlighted to the manager during the inspection. An area for improvement in relation to fire safety precautions was made.

6.2.4 Care delivery

Residents in the home looked well cared for; they were observed to be well presented and settled in their surroundings. The atmosphere was relaxed. Staff were seen to speak to residents in a kind and friendly manner and to offer them support as required.

Residents were chatty and engaged, and spoke positively about life in the home, the staff and the food. Residents who were less well able to communicate were content and relaxed. Specific comments from residents included:

- “The food is lovely.”
- “They are all very helpful.”
- “It is great here.”
- “There is plenty of food.”
- “We are well looked after.”

We observed the serving of lunch in the dining room. The mealtime was relaxed and unhurried. Residents were offered a selection of drinks, and condiments were on the tables. The food on offer was served from the kitchen, was well presented and smelled appetising. Staff provided residents with assistance and encouragement as necessary.

6.2.5 Care records

The care records reviewed contained a range of relevant risk assessments and care plans to ensure that residents’ daily needs were met. Daily care records were well maintained.

There was evidence, in the records reviewed, of referral to other healthcare professionals such as the dietician or speech and language therapist (SALT) where required.

One care plan, in relation to night time checks, was inaccurate. An area for improvement was made.

A risk assessment was in place for one resident who smokes. However, the corresponding care plan had not been updated. An area for improvement was made.

6.2.6 Governance and management arrangements

Management arrangements had not changed since the previous inspection. The manager stated she felt well supported in her role however did discuss the difficulty in accessing maintenance support. We discussed this further in relation to the inspection findings regarding the home's environment. Following the inspection, the manager confirmed that weekly maintenance visits to the home had since been arranged.

Review of accident and incident records evidenced that not all notifiable accidents had been reported to RQIA. This was discussed with the manager to clarify those accidents and incidents which should be reported. Retrospective submissions of required notifications were submitted following the inspection. An area for improvement was made.

Staff had attended their mandatory training. There was a system in place to monitor staff compliance with mandatory training however this was not up to date. The manager was aware of this and had plans with one of her colleagues from a sister home to produce a new training matrix for all mandatory training. This will improve management oversight of staff training and may be reviewed at a future inspection.

Review of completed audits evidenced that systems were in place to monitor and evaluate the quality of care and other services provided in the home. Action plans were developed as required. Given the outstanding maintenance works in the home, the manager agreed to implement an environmental audit given the outstanding maintenance works in the home.

Monthly monitoring reports were completed in the home. The reports reviewed were comprehensive, included the views of residents, relatives and staff and contained an action plan.

Areas of good practice

Areas of good practice were identified regarding staffing, management arrangements and the use of PPE. Care delivery was good; staff treated residents with respect and kindness. Good communication and working relationships were maintained in the home.

Areas for improvement

Areas for improvement were identified in relation to fire safety precautions, care plans regarding night time checks and smoking, and ensuring all relevant events are notified to RQIA in a timely manner.

	Regulations	Standards
Total number of areas for improvement	3	2

6.3 Conclusion

Residents in the home appeared well looked after and were content and settled. The home was clean and tidy. Staff were seen to treat residents with kindness and respect.

Areas for improvement identified during this inspection are to be managed through the QIP below.

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 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 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall take adequate precautions against the risk of fire by ensuring that :</p> <ul style="list-style-type: none"> • The identified ceiling tile is replaced • The practice of propping open the cleaning store door is ceased • No inappropriate storage on top or behind the tumble dryer <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken:</p> <p>'The identified ceiling tile has now been replaced Staff have been reminded of the importance of not propping open any doors .This is being monitored on an ongoing basis by Senior Care staff and the Home Manager. All staff have been informed not to store anything on or behind the tumble drier and this has also been included in the Home Manager's monthly environmental checklist.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</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: 6.1 and 6.2.3</p> <p>Response by registered person detailing the actions taken: All environmental issues discussed during the inspection have been referred to the the maintenance department. An action plan has been development with actions due be completed by the end of February 2021</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 30(1)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that all accidents and incidents in the home are reported to RQIA.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: All Senior Care Assistants have been met and reiterated the process reporting of accidents and incidents. This was an excpetion as opposed to normal practice. This will also be reviewed monthly by the Home Manager.</p>

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: Second time</p> <p>To be completed by: Immediately and ongoing</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: 6.1 and 6.2.4</p> <p>Response by registered person detailing the actions taken: Recording for falls and post head injury management is in place and well documented. Staff have been met with to review and implement the inspectors recommendations regarding the recording and management of falls and possible head injuries. This will also be reviewed monthly by the Home Manager</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2020</p>	<p>The registered person shall ensure the care/support plans in place are reflective of the residents assessed needs regarding night time checks.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Night staff have been reminded of their responsibilities regarding accurate night time checks and the importance of entering the correct times and dates of these records.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6.7</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2020</p>	<p>The registered person shall ensure that any action required from a smoking risk assessment is detailed in the residents care plan.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: The care plan discussed during the inspection has now been updated to accurately reflect the risk assessment currently in place</p>

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



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