

Inspection Report

27 and 31 January 2023



De La Cour House

Type of service: Residential
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Clanmil Housing Association Responsible Individual: Ms Clare Imogen McCarty	Registered Manager: Mrs Geraldine Boyce Date registered: 21 March 2019
Person in charge at the time of inspection: Geraldine Boyce	Number of registered places: 13 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.	Number of residents accommodated in the residential care home on the day of this inspection: 13
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 13 residents. The home is divided over three floors with bedrooms on the ground and first floor. There is a communal dining room and lounge on the ground floor. A communal garden is available for residents use.	

2.0 Inspection summary

This unannounced inspection took place on 27 January 2023, from 12.30pm to 1.00pm by an estates inspector and 31 January 2023 from 9.30 am to 6.00pm by a care inspector.

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.

Two areas of improvement were stated for a second time and one carried forward for review at a subsequent inspection. New areas for improvement identified are included in the quality improvement plan in section 6.0 of this report.

It was evident that staff promoted the dignity and well-being of residents. Staff provided care in a compassionate manner.

Residents said that they enjoy their stay in the home and that staff were very kind. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 Mrs. Geraldine Boyce at the conclusion of the inspection.

4.0 What people told us about the service

Residents said that they were happy with their care in the home, their relationship with staff, the provision of meals and the provision of activities.

Staff spoke in positive terms about the provision of care, their roles and duties, teamwork, training and support.

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 January 2022

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (2) (b) Stated: Second time	The registered person shall ensure that the areas identified at this inspection in regards to the home's environment are 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 12 (1) (b) Stated: First time	The registered person shall ensure that the recording of care for a fall and post head injury management meets current best practice and that governance oversight is in place to ensure this process is followed and recorded for all possible head injuries and falls.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.	
Area for Improvement 3 Ref: Regulation 13 (7) Stated: First time	The registered person shall make suitable arrangements to minimise the risk of the spread of infection. This is in relation to the areas identified during the inspection.	Met
	Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was met.	

<p>Area for Improvement 4</p> <p>Ref: Regulation 17 (1) (2) (3)</p> <p>Stated: First time</p>	<p>The registered person shall ensure systems are in place to review care and services in the home and a report is prepared not less than annually and made available to RQIA, residents and residents representatives.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of records evidenced this area for improvement was not met and is stated for a second time.</p>	<p>Not met</p>
<p>Area for Improvement 5</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that from monthly monitoring report includes the inspection of the homes environment and any actions arising following the monitoring visits are completed signed and dated.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the records evidenced that the inspection of the homes environment and any actions required was not fully detailed in the report.</p> <p>This area for improvement is stated for a second time.</p>	<p>Partially 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 23.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure staff are trained for their roles and responsibilities.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of records and discussion with staff evidenced this area for improvement was met.</p>	<p>Met</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 23.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure the effect of training on practice is evaluated as part of quality improvement. This is in relation to staff compliance with IPC practices.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was met.</p>	<p>Met</p>

Area for improvement 3 Ref: Standard 10 Stated: First time	The registered person shall ensure that when a resident is prescribed medication for administration on a “when required basis for behavioural management this is detailed in their care plan and, when the medication is used, the reason for and effect of its use are recorded.	Partially met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was partially met and was stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. The manager told us recruitment was managed through the human resource department for Clanmil Housing Association and a recruitment checklist was in place to allow the manager oversight of the recruitment processes. However the checklist reviewed were not fully completed. This was discussed with the manager and an area for improvement was identified.

A system was in place to monitor that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

Staff said there was good team work and that they felt well supported in their role, were satisfied with staffing levels, training and support.

There were systems in place to ensure staff were trained and supported to do their job. Staff training records confirmed that a range of mandatory and additional training was completed by staff on a regular basis.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

It was noted that there was 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.

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.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

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 of residents to socialise and 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 evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily. A review of records for one resident who had lost weight following a period of illness evidenced that the Malnutrition Universal Screening Tool (MUST) score had not been correctly calculated. This was discussed with the manager who agreed to address this with staff. This will be reviewed further at a subsequent inspection.

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, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents, who are subject to a Deprivation of Liberty Safeguard, had relevant care plans in place.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. However deficits were identified in two of the records reviewed. This was discussed with the manager and an area for improvement previously identified is stated for a second time.

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 progress records were kept of how each resident spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded.

The outcomes of visits from any healthcare professional were 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 and tidy. The home was undergoing refurbishment to two bedrooms and redecoration of the communal areas were planned. The area for improvement in regard to the homes environment was therefore carried forward for review at a subsequent inspection to allow further time for the ongoing works to be completed.

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.

Some equipment in the home had not been effectively cleaned such as the underside of raised toilet seats and free standing fans. There was excess storage of items around the sinks in a number of bedrooms that had the potential to impede effective cleaning and some of the signage in place in the home was not laminated. This was discussed with the manager and an area for improvement was identified.

An application to vary the registration of the home to repurpose some rooms and to increase the number of bedrooms was submitted to RQIA. However the application had not been approved prior to a patient accommodation being provided in one identified room. This room was subsequently inspected by an RQIA Estates inspector on Friday 27 January 2023. At this time, the new bedroom and associated en-suite were found to comply with all areas of the current minimum standards for residential care homes and had been decorated and furnished to a suitable standard. All mechanical and electrical engineering services were in place including suitable fire detection. The resident/staff call point was still to be installed as part of the ongoing work in the home. However, the room's resident had been provided with a personal call pendant to enable them to alert staff if needed.

An explanation to how the situation arose was provided by the Manager who acknowledged that they had not followed the correct procedures. Following further discussion with the manager, RQIA were assured that they understood the variation process and that further works would be completed in accordance with regulation.

Equipment was observed in the corridor leading to the kitchen potentially blocking the escape route and the fire door was also observed to be held open with a floor standing fan. This was discussed with the cook and the senior care assistant who addressed this at the time of inspection. This was further discussed with the manager and an area for improvement was identified.

Cleaning chemicals were accessible in an unlocked store and personal items belonging to a staff member were accessible in a unit in the dining room. These were removed immediately. This was discussed further with the manager and an area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

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.

5.2.4 Quality of Life for Residents

Observation of residents confirmed they were able to choose how they spent their day. For example residents could stay in their room or choose to spend time in communal areas.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents' needs were met through a range of individual and group activities, such as listening to music, watching movies and arts and crafts. Residents also discussed going out to the local shopping centre and visits from relatives.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Geraldine Boyce has been the Registered Manager in this home since 21 March 2019.

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.

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 incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

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

The home was visited each month 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. Whilst it was noted some areas of the homes environment were included in the report they lacked specific detail of the inspection of the homes environment including progress with the ongoing refurbishment. This was discussed with the manger and an area for improvement was stated for a second time.

7.0 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 (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	5*	3*

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

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (b) Stated: Second time To be completed by: 31 March 2022	The registered person shall ensure that the areas identified at this inspection in regards to the home's environment are addressed. Ref: 5.1 and 5.2.3 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 17 (1) (2) (3) Stated: Second time To be completed by: 30 April 2023	The registered person shall ensure systems are in place to review care and services in the home and a report is prepared not less than annually and made available to RQIA, residents and residents representatives. Ref: 5.1 Response by registered person detailing the actions taken: A review of care services was commenced in October 2022. A report is currently being compiled and due to be made available before the end of April 2022

<p>Area for improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: Second time</p> <p>To be completed by: 30 April 2023</p>	<p>The registered person shall ensure that from monthly monitoring report includes the inspection of the homes environment and any actions arising following the monitoring visits are completed signed and dated.</p> <p>Ref:5.1.and 5.2.5</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure as far as reasonably practicable unnecessary risks to the health and safety of residents is identified and so far as possible eliminated.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> • access to the store • ensure staff belongings are not accessible to residents. <p>Ref:5.2.3</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4) (b) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that the practice of wedging open the fire door in the kitchen is ceased and the corridor exiting the kitchen is kept clear from obstruction.</p> <p>Response by registered person detailing the actions taken:</p> <p>There is a magnetic door closure system on the kitchen door. On the day of the inspection a floor standing fan had been inadvertently placed in front of the door which would have prevented it from closing properly in the event of a fire. This has now been removed. The tea trolley is now stored in another area of the Home when not in use</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 10 Stated: Second time To be completed by: 30 April 2023	<p>The registered person shall ensure that when a resident is prescribed medication for administration on a “when required basis for behavioural management this is detailed in their care plan and, when the medication is used, the reason for and effect of its use are recorded.</p> <p>Ref: 5.1</p>
	<p>Response by registered person detailing the actions taken: All medication care plans have now been reviewed and now contain details of behavioural management arrangements</p>
Area for improvement 2 Ref: Standard 19 Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure that the pre-employment checklist for newly appointed staff is fully completed prior to the staff member commencing their role.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: All newly appointed staff have had a review of the pre-employment details and any gaps have now been rectified</p>
Area for improvement 3 Ref: Standard 35 Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure the IPC deficits identified in this report are addressed.</p> <p>Ref:5.2.3</p>
	<p>Response by registered person detailing the actions taken: Domestic staff have been made aware to check all fans and toilet seats regularly and ensure these are cleaned effectively. Containers have been purchased to store Residents toiletries to enable ease of cleaning of surfaces.</p>

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