



Announced Care Inspection Report 27 August 2020



Loughview Fold

Type of Service: Residential Care Home
Address: 159a High Street, Holywood, BT18 9HU
Tel No: 028 9042 5117
Inspector: Debbie Wylie

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 28 residents.

3.0 Service details

Organisation/Registered Provider: Radius Housing Association Responsible Individual: Fiona McAnespie	Registered Manager and date registered: Helen Craig – 23 June 2016
Person in charge at the time of inspection: Kenneth Luke, Senior Care Assistant	Number of registered places: 28 Maximum of 23 persons in RC-DE category of care.
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: 23 residents.

4.0 Inspection summary

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

Following a risk assessment RQIA decided to undertake a remote inspection of this home on 27 August 2020 from 10:00 to 15:00 hours.

The following areas were examined during the inspection:

- Staffing arrangements
- Infection Prevention and Control (IPC)
- Care Records
- Quality of life for residents
- Management arrangements
- Governance systems
- Nutrition

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	2	*2

*The total number of areas for improvement includes one standard which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Kenneth Luke, 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

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Staff duty rotas from 3 to 16 August 2020
- Staff training matrix for 2020
- Staff supervision matrix for 2020
- Statement of purpose
- Current staff vacancies and recruitment
- A selection of quality assurance audits from May to July 2020
- Regulation 29 monthly quality monitoring reports from May to July 2020
- Complaints and compliments records from May to July 2020
- Incident and accident records from May to July 2020
- Minutes of residents' and staff meetings from January to July 2020
- Activity planner for July 2020
- Three residents' care records
- The daily menu for July 2020

During the inspection RQIA were able to consult with residents and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents and residents' representatives and staff. Ten residents' questionnaires, ten relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place via ZOOM, with Kenneth Luke, senior care assistant.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, not met or carried forward to the next care inspection.

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 4 December 2019.

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 5.2 Stated: First time	The registered person shall ensure that suitable pre-admission needs assessments of residents are in place which fully reflects the recording of holistic individual needs of residents. The use of supported living/housing with care title should be removed from forms.	Not met
	Action taken as confirmed during the inspection: A review of this document showed that the supported living/housing with care title remains on this document along with reference to tenants. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 2 Ref: Standard 13.3 Stated: First time	The registered person shall ensure that, in consultation with the resident and relative, an individual activity programme is developed for one resident who chooses to remain in their bedroom each day.	Met
	Action taken as confirmed during the inspection: Review of the care plan and activity programme for this resident showed that the resident and family had been offered an individual activity plan but had refused this and did not wish to participate.	

6.2 Inspection findings

6.2.1 Staffing arrangements

Staff told us they were aware of their roles and responsibilities and were knowledgeable about what action to take if they had concerns about residents' care or staff practices. Staff were observed chatting with residents in a friendly and caring manner.

Staff training records were reviewed and found that some training required updating due to the COVID pandemic restrictions. This was discussed with the senior care assistant who agreed that training had been reviewed and a plan would be put in place for training to be completed.

With the use of zoom technology we saw that staff were available and responsive to the needs of residents on the day of the remote inspection. Review of the staffing rotas from 3 to 16 August 2020 showed that staffing levels in the home were safe. No concerns regarding staffing levels were raised by residents, relatives or staff. Residents told us:

"The carers are so good and helpful in every way."

"I feel safe here."

"They are so good to me here."

As part of the inspection we also asked residents, family members and staff to provide us with their comments on staffing levels via questionnaires. Four questionnaires were returned and all were very satisfied with staffing levels.

6.2.2 Infection prevention and control (IPC)

Hand sanitising gel was observed to be available throughout the home and staff were observed wearing face masks, gloves and aprons appropriately. The senior carer and care staff told us that they had a good knowledge of COVID – 19 signs and symptoms and what actions should be taken in the event of an outbreak in the home. Review of regular IPC and hand washing audits carried out by the manager also showed that IPC practices were of a high standard.

We observed that a store room had items stored on the floor, personal protective equipment was stored in bathrooms and ensuites and the cleaning of bathrooms and ensuits required further attention. This was discussed with the senior care assistant and an area for improvement was made.

6.2.3 Care Records

Review of three resident care records identified that records were in place and well documented for nutritional and dietary assessment and malnutrition screening. Care plans and risk assessments for oral and dental care and restrictive practices had not been completed. This was discussed with the manager and is to be put in place and has been stated for a second time.

When we spoke with staff they had a good knowledge of residents' abilities and level of decision making. Staff had a good understanding of residents' specific dietary requirements. This was evident when we observed that staff made sure that special diets were provided for residents who required this.

6.2.4 Quality of life for residents

The dining rooms on each of the three floors were well presented with flowers on tables and comfortable seating arrangements. Residents and staff chatted about daily life in the home. The lunch time meal was provided in a timely manner with nutritious food and a choice of main course, desert and drink. Staff showed a good knowledge of residents' special dietary requirements and assisted those who required their food cut up. Residents told us:

"The food is lovely."

"It's really nice."

"I had a lovely lunch."

"I had a very tasty lunch."

We saw the menu plan which showed a nutritious and varied choice of meal on a daily basis, however, there were no menus displayed in the dining rooms to let residents know what was planned for their daily meals. This was discussed with the manager and a menu is to be displayed in an appropriate format and place for residents and families to see what is planned for each meal.

The home was tidy and well decorated having been re-decorated earlier in the year. There were lovely photographs of residents enjoying a variety of activities in the home. A number of bedrooms inspected were well presented with residents' own personal items.

We observed that the main kitchen door, a maintenance cupboard and cabinets containing prescribed liquids and creams were unlocked. This was discussed with the senior care assistant who locked the doors and an area for improvement was made.

6.2.5 Management arrangements

The management arrangements in the home were well documented and clear lines of reporting were seen. There has been no change in manager since the last inspection. Contact details for the management were available to staff in the case of an emergency along with information on management cover arrangements.

6.2.6 Governance systems

We reviewed the arrangements the home employed to ensure care was safe and of a high quality. Audits were being conducted in the home, however, there was no evidence that audits were completed on residents' care records, restrictive practices and nutrition. This was discussed with the senior care assistant and an area for improvement was made.

We provided questionnaires for residents and relatives to complete. Two questionnaires were returned and stated that they were very satisfied that care was safe, effective, compassionate and well-led.

6.2.7 Nutrition

The nutritional records were reviewed for three residents and found that residents requiring special diets or supplements to their diets were receiving these. There was clear information about recording of weight to monitor weight loss or gain where this was required.

Liaison with other professional such as the dietician and speech therapy was evident in the records showing that advice was sought when this was required.

Records of both diet and fluid intake for residents was reviewed and found to be well documented on a daily basis

Areas for improvement

The following areas were identified for improvement in relation to: infection prevention and control, health and welfare, care records and completion of audits of working practices.

	Regulations	Standards
Total number of areas for improvement	2	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kenneth Luke, 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 (7) Stated: First time To be completed by: 7 September 2020	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of infection. Ref: 6.2.2
	Response by registered person detailing the actions taken: more shelving has been added to the store room items are no longer palced on the floor. PPE has been removed from the bathroom.

Area for improvement 2 Ref: Regulation 14 (2)(a)(c) Stated: First time To be completed by: 7 September 2020	The registered person shall ensure that all parts of the home that residents have access to are free from hazards to their safety and that all unnecessary risks have been removed as far as reasonably practicable. Ref: 6.2.4
	Response by registered person detailing the actions taken: The main kitchen door lock and maintenance cupboard lock have been repaired

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

Area for improvement 1 Ref: Standard 5.2 Stated: Second time To be completed by: 30 September 2020	The registered person shall ensure that suitable pre-admission needs assessments of residents are in place which fully reflects the recording of holistic individual needs of residents. The use of supported living/housing with care title should be removed from forms. Ref: 6.1
	Response by registered person detailing the actions taken: This has been actioned. Supported living will be removed from the form, Housing with Care will remain, this scheme recieves SNMA funding from the Department for Comunitites and therefore the reference to housing.
Area for improvement 2 Ref: Standard 20.10 Stated: First time To be completed by: 30 September 2020	The registered person shall ensure that working practices are systemically audited to ensure that they are consistent with the home's documented policies and procedures and action is taken. This includes residents' care records, restrictive practices and nutrition Ref: 6.2.6

	Response by registered person detailing the actions taken: This has been actioned and an system for regular audit has been established.
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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)