

# Unannounced Care Inspection Report 24 November 2020



## 15 Main Street

**Type of Service: Residential Care Home (RCH)**

**Address: 15 Main Street, Conlig, BT23 7PT**

**Tel No: 028 9146 8039**

**Inspector: Alice McTavish**

[www.rqia.org.uk](http://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 care for up to three residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Praxis Care/Challenge  <b>Responsible Individual:</b> Greer Wilson	<b>Registered Manager and date registered:</b> Rebecca Stewart 19/04/2018
<b>Person in charge at the time of inspection:</b> Rebecca Stewart	<b>Number of registered places:</b> 3
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 2

### 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.

The inspection sought to assess whether the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- 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
<b>Total number of areas for improvement</b>	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Rebecca Stewart, 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 previous care inspection report and the returned QIP.

During the inspection the inspector met with one resident and one member of care 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 'Tell Us' cards which were to be given to visitors, who were not present on the day of inspection, so that they might give feedback to RQIA regarding the quality of service provision. No questionnaires were returned.

The following records were examined during the inspection:

- duty rota
- staff training
- staff supervision and appraisal
- staff competency and capability assessments
- staff registration with professional body
- a selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- incidents and accidents reports
- minutes of staff meetings
- one resident's care file

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

The most recent inspection of the home was an unannounced care inspection undertaken on 16 January 2020. There were no areas for improvement identified as a result of the last care inspection.

## 6.2 Inspection findings

### 6.2.1 Infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)

Staff advised that anyone entering the home had a temperature check completed. All staff had their temperatures monitored every five hours and residents' temperatures were monitored twice daily. Care staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of cleaning were maintained along with advice and guidance for staff.

All staff donned the correct Personal Protection Equipment (PPE) before commencing duties. PPE was readily available in the home, including additional PPE for use with specific procedures. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 outbreak. We observed that staff used PPE according to the current guidance.

Hand sanitiser was supplied throughout the home. We observed that staff carried out hand hygiene at appropriate times.

### 6.2.2 The internal environment

The home is located in a residential area and is a small domestic house. We found that it was decorated to a good standard, was well ventilated and comfortable. We saw that the home was odour free and clean.

The manager reported that there was some water damage to the kitchen ceiling. Repair work had been postponed due to the Covid-19 pandemic, but plans were being put in place to have the work completed.

We noted that the fire door to the kitchen was wedged open. Staff told us that this was done so that staff could easily hear residents when they were upstairs. The use of a wedge on a fire door represented a fire risk; we asked that this practice ceases immediately and that a suitable hold open device is fitted to the fire door. This was identified as an area for improvement.

### 6.2.3 Staffing

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We saw that there was enough staff in the home to quickly respond to the needs of residents and provide the correct level of support.

Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

We found that staff competency and capability assessments were completed for staff who were left in charge of the home in the manager's absence. We saw that staff meetings were held and minutes of meetings were retained.

We saw that mandatory training was provided for staff and there was a system in place to ensure this was kept up to date. The manager advised that additional training was also provided for staff, if required.

#### **6.2.4 Care delivery**

We observed that residents looked well cared for and comfortable in their surroundings. It was evident that staff knew the residents well; staff spoke to them kindly and were very attentive. The atmosphere in the home was calm and relaxed.

#### **6.2.5 Care records**

We reviewed the care files of one resident which evidenced that detailed, comprehensive care plans were in place to direct the care required. The records were written in a professional manner and used language which was respectful of residents. Care plans also reflected residents' human rights; this represented good practice.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. The care provided was reviewed annually with input from the multi-disciplinary team.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

#### **6.2.6 Governance and management arrangements**

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retained oversight of the home. Staff commented positively about the manager and described her as supportive, approachable and always available for guidance and support.

There was a system of audits which covered all necessary areas which included accidents and incidents and care records; this helped to ensure that the manager had effective oversight of care delivery to residents. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

We examined the reports of the visits by the registered provider for August and September 2020. We saw that where any issues were identified, an action plan was developed which included timescales and the person responsible for completing the action. We noted, however, that in one instance, the action plan was not carried across to the next report and therefore may not be correctly addressed. This was identified as an area for improvement.

We discussed the system in place to manage any complaints received; the manager provided assurance that complaints would be managed appropriately and that the manager viewed complaints as an opportunity to learn and improve.

### Areas of good practice

There were examples of good practice in relation to the precautions to prevent Covid-19 infection.

### Areas for improvement

Two areas for improvement were identified. These related to the fire door and the report of the visit by the registered provider.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

### 6.3 Conclusion

During the inspection we saw that the interactions between residents and staff were warm and supportive. The environment was clean and tidy. Residents told us that they were comfortable in the home. We were satisfied that the care was safe, effective and well led and that residents received compassionate care.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rebecca Stewart, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 24(4) (d) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2020	The registered person shall ensure the following that suitable hold open devices, linked to the fire alarm, are fitted to internal doors, where necessary.  <b>Ref:</b> 6.2.2  <b>Response by registered person detailing the actions taken:</b> Hold open devices installed 17.12.2020 in kitchen and lounge which will close when the fire alarm sounds.
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.11  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2020	The registered person shall ensure that any action identified in the report of the visit by the registered provider is carried across to the next report so that it can be confirmed as correctly addressed.  <b>Ref:</b> 6.2.6  <b>Response by registered person detailing the actions taken:</b> The previous report will be reviewed in detail at the next visit by the registered person and the Head of Operations (who completes the visit on behalf of the Registered Provider) to check that actions have been completed, and where they have not, will ensure they are carried across to the next report so that it can be confirmed as correctly addressed.

*\*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](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)