

**Unannounced Care Inspection  
of  
Redlands**

**3 March 2016**

## 1. Summary of inspection

An unannounced care inspection took place on 3 March 2016 from 09.45 to 13.35. On the day of the inspection we found the home to be delivering safe, effective and compassionate care in relation to the standard we inspected; which was assessed as being met. An area for improvement was identified and is set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The DHSSPS Residential Care Homes Minimum Standards (2011).

### 1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/enforcement resulting from this inspection

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

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

The details of the QIP within this report were discussed with the registered manager, Irene Best, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> Whiteabbey Proprietors Ltd/Mark John Uprichard	<b>Registered Manager:</b> Irene Best
<b>Person in charge of the home at the time of inspection:</b> Irene Best	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> RC-I, RC-DE	<b>Number of registered places:</b> 17
<b>Number of residents accommodated on day of inspection:</b> 11	<b>Weekly tariff at time of inspection:</b> £535 - £570

## 3. Inspection focus

The inspection sought to determine if the following standard had been met:

**Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

#### **4. Methods/processes**

Prior to inspection we analysed the following records; the returned QIP from the previous inspection and notifications of accidents and incidents.

During the inspection we met with seven residents, the registered manager, the deputy manager and one care assistant. No residents' visitors/representatives or visiting professionals were present.

We examined the care records of four individual residents, the minutes of residents' meetings, returned questionnaires completed by residents and relatives, the home's 2014 annual quality review report, fire safety records, the accident and incident register and the complaints and compliments register.

#### **5. The inspection**

##### **5.1 Review of requirements and recommendations from previous inspection**

The previous inspection of the home was an unannounced care inspection dated 20 August 2015. The completed QIP was returned and was approved by the care inspector.

##### **5.2 Review of requirements and recommendations from the last care inspection**

There were no requirements or recommendations from the last inspection.

##### **5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

###### **Is care safe? (Quality of life)**

The registered manager confirmed that staff actively seek residents' and their representatives' views and incorporate these into practice to ensure that choices, issues of concern or risks are recorded and acted upon.

We inspected care records and identified that the choices and preferences of each resident were clearly detailed. Care plans we inspected were signed by the resident or their representative.

In our discussions with the deputy manager she advised that formal residents' meetings were held quarterly and the minutes of the meetings retained. We examined the minutes of residents' meetings and could confirm that the meetings took place. The deputy manager advised us that residents' representatives tended to approach staff directly to discuss any areas of concern.

###### **Is care effective? (Quality of management)**

We noted a range of methods and processes where residents' and their representatives' views were sought about the standard of care. Staff maintained a record of actions taken to improve the care experience.

In our discussions with the registered manager we identified that annual satisfaction questionnaires were used to obtain residents' and representatives' views on the quality of care.

The registered manager confirmed that the information obtained from residents and their representatives was used to inform changes which would improve services in the home. The information was collated and presented within a report. We examined the report from the 2014 survey and noted that feedback from residents and their representatives indicated a high degree of satisfaction with the services provided. The registered manager confirmed that residents and their representatives had been made aware that they could access a copy of the report, should they wish to do so.

We inspected the reports prepared by staff in advance of annual care reviews and noted that these contained details regarding the views and preferences of the residents regarding the quality of services and facilities provided in the home. We inspected the minutes of annual care reviews and confirmed that the views of residents and representatives were sought and recorded with any actions arising specified.

In our discussions with the registered manager we confirmed that the management of complaints was included during staff induction. We noted that the home did not have a policy on the involvement of residents in the running of the home. We made a recommendation in this regard.

We inspected the complaints register and were satisfied that complaints were recorded and managed appropriately. The registered manager advised us that compliments are usually provided verbally and are not always recorded.

#### **Is care compassionate? (Quality of care)**

In our discussions with staff and with residents we identified that residents were listened and responded to by staff. Staff members were knowledgeable about the needs, preferences and abilities of the residents.

#### **Areas for improvement**

There was one area of improvement identified within the standard inspected. This related to the development of a policy in regard to the involvement of residents in the running of the home.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### **5.4 Additional areas examined**

#### **5.4.1 Residents' views**

We met with seven residents individually and with others in groups. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- “This is a good spot. They (staff) look after me well.”
- “The staff are good to me.”
- “I like it here. I have lived here for years and the staff are just lovely.”
- “They are great here and I have no complaints. They are very kind to me. One night I was feeling a bit low and a staff member came and sat with me in my room and made us both a cup of tea and kept me company. That really lifted me.”
- “This is a lovely place. They look after me very well. The staff are absolutely lovely and they couldn’t be better.”
- “Very good here.”
- “I’ve lived here for years and I’m very happy here. The girls treat me very kindly and are good to me. They keep my room clean and comfortable and I couldn’t ask for better.”

#### **5.4.2 Staff views**

We met with two staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

Some comments included:

- “I really enjoy working here. I feel our residents get very individual care as we are trained to view the residents as individuals. As this is a smaller home, there is more opportunity to get to know the residents really well; we treat the residents as family and there is a good staff team.”
- “I think there’s a lot of heart goes into the care of our residents and this is led by the manager. We try to keep the residents as independent as possible, there is a brilliant staff team here who are very interested in our residents. Even when staff aren’t on duty, they still call in to see the residents and spend time with them.”

#### **5.4.3 Staffing**

At the time of inspection the following staff members were on duty:

- 1 x manager
- 1 x senior care assistant (deputy manager)
- 1 x care assistant
- 1 x cook
- 1 x domestic

One senior care assistant and one care assistant were scheduled to be on duty later in the day. One senior care assistant and one care assistant were scheduled to be on overnight duty. The registered manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

#### **5.4.4 Environment**

We found the home to be clean and tidy. Décor and furnishings were of a good standard

#### 5.4.5 Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

#### 5.4.6 Accidents/incidents

A review of the accident and incident notifications since the previous inspection established that these were reported and managed appropriately.

#### 5.4.7 Complaints/compliments

Our inspection of the complaints register confirmed that complaints are recorded and managed appropriately. The home had received several written compliments. Staff advised us that they receive many verbal compliments.

#### Areas for improvement

No areas for improvement were identified within the additional areas examined.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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## 6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with the registered manager, Irene Best, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Recommendations

<b>Recommendation 1</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be completed by:</b> 3 June 2016	The registered manager should ensure that a policy is developed in regard to the involvement of residents in the running of the home.		
	<b>Response by Registered Person(s) detailing the actions taken:</b> Policy under development and will be completed by 3 <sup>rd</sup> June 2016		
<b>Registered Manager completing QIP</b>	Irene Best	<b>Date completed</b>	07/04/2016
<b>Registered Person approving QIP</b>	Mark Uprichard	<b>Date approved</b>	7/4/16
<b>RQIA Inspector assessing response</b>	Alice McTavish	<b>Date approved</b>	13/04/2016

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**