

# Inspection Report

**26 April 2022**



## Redlands

**Type of service: Residential Care Home**  
**Address: 20 Adelaide Park, Belfast BT9 6FX**  
**Telephone number: 028 9066 1526**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Whiteabbey Proprietors Ltd  <b>Responsible Individual :</b> Mr Mark John Uprichard	<b>Registered Manager:</b> Ms Irene Caroline Best  <b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Ms Irene Caroline Best	<b>Number of registered places:</b> 17
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 10
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered residential care home which provides health and social care for up to 17 residents.	

## 2.0 Inspection summary

An unannounced inspection took place on 26 April 2022, from 8.55am to 2pm. This was undertaken by care and pharmacist inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last combined care and medicines management inspection and considered if the service was delivering safe, effective and compassionate care and if the service was well led.

There was evidence that management had made good improvements since the last inspection. All of the areas for improvement had been fully addressed and no new areas for improvement were identified. The progress made was acknowledged.

Residents were happy to engage with the inspectors and share their experiences of living in the home. They expressed positive opinions about the home and the care provided and said that staff were helpful and pleasant in their interactions with them.

Residents who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Redlands was provided in a compassionate manner by staff who knew and understood the needs of the residents.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

### **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 residents, relatives and staff were asked for their opinion on the quality of the care and their experience of living or working in Redlands. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the manager and responsible individual at the conclusion of the inspection.

### **4.0 What people told us about the service**

Six residents, one relative and four staff were spoken with. Four questionnaires were returned with respondents indicating they were happy with the care provided in the home. No feedback was received from the staff online survey.

Residents spoke positively about the care that they received and about their interactions with staff. Residents confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. Relatives were complimentary of the care provided in the home.

Staff acknowledged the challenges of working through the COVID-19 pandemic, but all staff agreed that Redlands was a good place to work. Staff members were complimentary in regard to the home's management team and spoke of how much they enjoyed looking after and caring for the residents.

## 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 8 November 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> Second time	The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of care delivery, examination of records and discussion with residents and staff evidenced this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (2) (b) (d)  <b>Stated:</b> Second time	The registered person shall ensure the second floor area of the home is thoroughly cleaned and decluttered. Stained and worn carpets on the first and second floor should be cleaned and/or replaced as required. Water damage observed on the ceiling of two areas on the second floor should be investigated and addressed immediately.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced this area for improvement was met.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (4) (c) (d) (i)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that the requirements for fire safety precautions, measures and staff practice are in place and regularly monitored to ensure the safety of residents, staff and visitors to the home.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (4) (a)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that an up to date risk assessment and fire management plan are in place and any recommendations made by the fire assessor are addressed in a timely manner. Confirmation of the date of the fire risk assessment should be forwarded to RQIA when known.</p> <p>Confirmation that the assessment has been completed along with any remedial works identified by the fire risk assessor should be sent through to RQIA as agreed.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of records confirmed this area for improvement was met.</p>	<p><b>Met</b></p>

<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"><li>• donning and doffing of personal protective equipment</li><li>• appropriate use of personal protective equipment</li><li>• staff knowledge and practice regarding hand hygiene</li><li>• storage of resident equipment appropriately</li><li>• staff knowledge regarding the use of hypochlorite solution.</li></ul> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<b>Area for improvement 6</b>  <b>Ref:</b> Regulation 10 (1)  <b>Stated:</b> Second time	<p>The registered person and the registered manager shall ensure the implementation and maintenance of a robust audit and governance process.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of governance records evidenced this area for improvement was met.</p>	<b>Met</b>
<b>Area for improvement 7</b>  <b>Ref:</b> Regulation 10 (1)  <b>Stated:</b> First time	<p>The registered person shall ensure that the registered manager has sufficient protected management hours to carry out the registered managers duties.</p> <p><b>Action taken as confirmed during the inspection:</b> Examination of the staffing rota and discussion with the manager confirmed this area for improvement was met.</p>	<b>Met</b>

<b>Area for improvement 8</b>  <b>Ref:</b> Regulation 16 (1) (2) (b)  <b>Stated:</b> First time	<p>The registered person shall ensure that resident care plans and risk assessment evidence they are regularly reviewed to ensure they reflect the needs of the resident.</p> <p><b>Action taken as confirmed during the inspection:</b> Examination of care records evidenced that this area for improvement was met.</p>	<b>Met</b>
<b>Area for improvement 9</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the residents have access are free from hazards to their safety, and unnecessary risks to the health and safety of residents are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of chemicals and food that may present as a choking risk.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that this area for improvement was met.</p>	<b>Met</b>
<b>Area for improvement 10</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time	<p>The registered person shall ensure that the Regulation 29 monitoring visits are completed on a monthly basis. These reports should be robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards.</p> <p>The registered person shall ensure that monthly monitoring reports are forwarded to RQIA by the third day of each month until further notice.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>

<b>Area for improvement 11</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that personal medication records are kept fully and accurately completed at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 12</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall review the management of self-administered medicines to ensure that a risk assessment and care plan are maintained, the information is clearly recorded on the corresponding personal medication record and a system of review is in place.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 13</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered provider shall ensure that any ongoing non-administration of a medicine is reported to the prescriber and details recorded in the resident's care plan.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 14</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall develop and implement a robust audit process which is effective in identifying areas for improvement and covers all aspects of medicines management.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	



<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> Second time	The registered person shall ensure a daily menu is displayed in a suitable format and in an appropriate location, so that residents and their representatives know what is available at each mealtime.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	The registered person shall review the provision for the delivery of a planned activity programme.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with residents and examination of records confirmed this area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time	The registered person shall ensure the staffing rota includes the registered manager's hours and clearly identifies the capacity in which they worked.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 23.3  <b>Stated:</b> First time	The registered person shall ensure that mandatory training requirements are met.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Examination of training records evidenced this area for improvement was met.	

<b>Area for improvement 5</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure that the laundry environment is managed in such a way that minimises the risk of infection for staff, residents and visitors.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the laundry evidenced this area for improvement was met.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 24 <b>Stated:</b> First time	The registered person shall ensure all staff have a recorded annual appraisal. An appraisal schedule shall be in place, showing completion dates and the name of the appraiser.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 7</b> <b>Ref:</b> Standard 32 <b>Stated:</b> First time	The registered person shall review the storage arrangements for medicines in the medicines room as detailed in the report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 8</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time	The registered person shall ensure that obsolete records are removed from the care files and the medicines folder and are archived in a timely manner; the records should be filed for easy retrieval.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for improvement 9</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time	The registered person shall review processes to ensure that medicines administration records (MARs) are kept fully and accurately maintained at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that pre-employment checks had been completed prior to each staff member commencing in post. Review of one staff recruitment file evidenced that although two satisfactory references were received; a reference was not sought or received from the employee's most recent employer. This was discussed with the manager who agreed to review their current processes and obtain a retrospective reference.

There was evidence that staff were provided with a comprehensive induction programme to prepare them for providing care to residents. Checks were made to ensure that staff maintained their registrations with the Northern Ireland Social Care Council (NISCC).

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

There were systems in place to ensure that staff were trained and supported to do their job. Staff confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. Staff members were able to correctly describe their roles and responsibilities regarding adult safeguarding.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the current staffing levels.

Residents spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; residents also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to residents' requests for assistance in a prompt, caring and compassionate manner. Relatives spoken with expressed no concerns regarding staffing arrangements in the home.

### 5.2.2 Care Delivery and Record Keeping

Staff members were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff recognised and responded to residents' needs, including those residents who had difficulty in making their wishes or feelings known. Staff members were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff members were adept at comforting and reassuring residents who became distressed or expressed their wishes to leave the home.

At times some residents may require a secure environment such as a locked door, or be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats; it was established that safe systems were in place to manage this aspect of care.

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.

Examination of a selection of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post-falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. Review of one resident's care records pertaining to a recent fall identified that staff had responded correctly to support the resident, although some inconsistencies were noted in the record keeping. These were discussed with the manager who agreed to address this with staff and monitor updating of care plans and recording keeping as part of their audit process.

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. It was observed that residents were enjoying their meal and their dining experience. The dining experience was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The menu was displayed in a suitable format for all residents.

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.

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. There was evidence that care records were regularly reviewed and updated regarding residents' needs. The manager confirmed that care reviews were ongoing for residents in the home and that care plans would be updated following any reviews.

Residents care records were held confidentially. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was 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, tidy and well maintained. Residents confirmed that staff kept the home clean and comfortable.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were 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. There were several communal areas available to residents including a number of lounges.

Fire safety measures were in place and managed to ensure residents, staff and visitors to the home were safe. The most recent fire risk assessment was completed in the home on 1 September 2021 and the manager confirmed that any identified actions were addressed.

The manager said that systems and processes were in place to ensure the safe management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. There was an adequate supply of PPE and hand sanitisers were readily available throughout the home.

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. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

### 5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. Some residents told us they liked the privacy of their bedrooms, but would enjoy going to the lounge for meals.

Residents were observed enjoying listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives. One resident told us "they have people in to sing for us sometimes" while another resident said "I do knitting sometimes and we talk about the old times, I enjoy that".

There was evidence that planned activities were being delivered for residents within the home. An activity planner displayed in the home confirmed varied activities were delivered which included one to one activities, movie nights and reminiscence. Review of resident meeting minutes confirmed residents were involved in discussions on how they wished to spend their day.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

### 5.2.5 Management and Governance Arrangements

Staff members 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.

There has been no change in the management of the home since the last inspection.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

Discussion with staff confirmed that systems were in place for staff supervision and appraisal.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly. Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Both staff and management confirmed that there were good working relationships in the home. The staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

Staff said that they had not attended a staff meeting within the last three months. This was discussed with the manager who confirmed a staff meeting would be scheduled following the inspection and further staff meetings would be diarised for the incoming the year. This will be reviewed at a future care inspection.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by the registered provider, to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These were available for review by residents, their representatives, the Trust and RQIA.

### 5.2.6 Medicines Management

#### Medicine records and administration

The medicine records examined were well maintained and indicated that medicines had been administered as prescribed. These included records of incoming medicines, prescribing and administration.

The personal medication records had been rewritten and were up to date. They corresponded with the printed medication administration records. All handwritten entries were signed by two staff to ensure accuracy.

The administration records indicated that the residents were compliant with their medicine regimes. Systems were in place to follow up any ongoing refusal or non-administration, with the resident's general practitioner.

The self-administration of medicines had been reviewed and the relevant records including risk assessment were in place.

Medicine records and medicine related care plans had been reviewed to ensure that obsolete records were removed from the folders and archived.

### **Medicines Storage**

The storage of medicines had been reviewed. The treatment room area had been decluttered. Medicines were stored safely and securely and in accordance with the manufacturers' instructions.

Suitable arrangements were in place for the stock control of medicines. Expiry dates were monitored to ensure that medicines were replaced as needed. Discontinued medicines were returned to the community pharmacy for disposal.

### **Medicines Governance**

Following the last medicines management inspection, management advised that all staff were made aware of the areas for improvement and the systems being implemented to ensure that they were addressed. Refresher training was provided after the inspection in consultation with the community pharmacist and new processes put in place. Staff competency in medicines management was reassessed.

There was evidence that the audit process had been revised to include all formulations of medicines, with a focus on limited shelf-life medicines and an increase in the frequency of audits. Running stock balance sheets were also in place. New arrangements had been implemented to manage and monitor the record keeping for topical medicines.

Completed medicines audits were reviewed by management. These audits showed that any shortfalls were being identified and that the necessary action was taken when required.

As part of the improvements, the medicines management policy was being reviewed and updated.

## **7.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Irene Caroline Best, Registered Manager and Mr Mark Uprichard, Responsible Individual, as part of the inspection process and can be found in the main body of the report.





The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**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)

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