



Unannounced Care Inspection Report 7 February 2019



River House

Type of Service: Residential Care Home
Address: 131 Central Promenade, Newcastle BT33 0EU
Tel No: 02843723206
Inspector: Marie-Claire Quinn

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 29 beds that provides care for residents aged over 65 years of age and/or those living with dementia. The home may also provide day care for up to two individuals.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individuals: Lindsay Conway	Registered Manager: See below
Person in charge at the time of inspection: Stephanie Moore Archer	Date manager registered: Stephanie Moore Archer - registration pending.
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 29 Maximum of 10 existing residents in RC-DE category of care. The home is approved to provide care on a day basis only to 2 persons.

4.0 Inspection summary

An unannounced care inspection took place on 7 February 2019 from 10.10 to 14.10 hours.

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

The inspection assessed progress with any areas for improvement identified since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to individualised and person centred care, catering arrangements and activities available for residents.

One area requiring improvement was identified in relation to written records of consent.

Residents said they were happy in the home, that staff were kind, and the food was beautiful.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Stephanie Moore Archer, 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.

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 7 August 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, notifiable events since the previous care inspection, written and verbal communication received since the previous care inspection and the registration status of the home.

During the inspection the inspector met with the manager, twelve residents, one resident's visitor and three staff.

A total of ten questionnaires and three 'Sorry we missed you cards' were provided for distribution to residents and/or their representatives, to enable them to share their views with RQIA. One questionnaire was returned by a resident's family member who stated they were very satisfied with all aspects of care being provided in the home.

A poster was provided for staff detailing how they could complete an electronic questionnaire; however, there were no responses received within the agreed timescale.

During the inspection a sample of records was examined which included:

- Care records of seven residents
- Minutes of staff meetings
- Accident, incident, notifiable event records
- Annual Quality Review report (2017)
- Minutes of recent residents' meetings
- Programme of activities

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 the most recent inspection dated 7 August 2018

The most recent inspection of the home was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 7 August 2018

There were no areas for improvements made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

On arrival at the home, an area of good practice was immediately identified as the 'resident doorman' opened the door and asked visitors to sign in. Discussion with the manager confirmed that this role was specifically created for a resident who enjoys this social interaction and feeling productive. The registered manager advised that staff were always available to support the resident in this role.

During discussion with residents, no concerns were raised regarding staffing levels in the home. Agency staff were used in the home and were block booked when possible to ensure continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

The home was fresh-smelling, clean and warm. Following the home's 30 year anniversary in November 2018, the flooring had been replaced, and different colours were used to make the home more dementia friendly. Further maintenance was being planned in the kitchen. It was noted that the pull cords for the blinds were not securely attached to the wall in some areas; this was highlighted to the manager who provided written assurance to RQIA following the inspection that this had now been rectified.

Communal areas were bright and tidy; scripture verses including Psalms were displayed throughout the home, as well as both fresh and artificial flowers. Photographs of residents enjoying various events, such as birthdays and outings, were displayed throughout the home. Residents' bedroom doors were decorated with photos chosen by the resident. Bedrooms were individualised with plants, flowers, written prayers, photographs and personal items.

The home had redecorated the reminiscence room using classic style furniture which helped create a familiar atmosphere for residents. This was completed to a very high standard, containing a record player; ample selection of vinyl records; vintage style lamps; rotary dial telephone; sewing machine; ornaments; old newspapers and leaflets; books; games; and knitting supplies. The manager reports this room is now used much more, particularly by the male residents who enjoy sitting there to read their morning papers.

The garden area was clean, tidy and spacious. Residents who enjoyed gardening had planted garden peas, tomatoes, strawberries, herbs and sweet pea. The garden shed had been converted to a summer house; residents had chosen to rename this 'Shady Nook'. Residents and their visitors could order a tray from the kitchen and enjoy afternoon tea there.

There are also two hens in the garden. One resident had missed having her pets with her in the home and so the home considered purchasing two hens, which residents could care for, along with staff. A residents’ meeting was held to discuss this. Residents were enthusiastic about the suggestion and this has been a great stimulant for residents who have enjoyed the company of a pet. Following the inspection, the home also created an enclosure for the hens in the garden.

Discussion with the manager, resident’s relative and review of care records confirmed that all suspected, alleged or actual incidents of abuse were immediately addressed and investigated. Appropriate protection plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns. An area of good practice was identified as information about the role of the Adult Safeguarding champion was visible throughout the home. This reminded everyone of their duty to report any concerns and provided details of who to contact.

The manager discussed the outcome of the recent annual fire risk assessment. The home is non-smoking and there are currently no residents in the home who smoke. All concerns had been fully addressed, and this was further evidenced in review of the minutes of staff meetings. On the day of inspection, the fire alarm and automatic door closures were checked, which the manager advised is completed every Thursday. Personal Emergency Evacuation Plans (PEEPs) were also in place for all residents.

Residents and a resident’s relative spoken with during the inspection made the following comments:

Residents:

- “You wouldn’t get better.”
- “I’m happy here.”
- “My daughter knew the calibre of this place when she chose it...I wouldn’t live anywhere if it wasn’t as good as, or better than home; and it is.”

Resident’s relative:

- “I can come here anytime (to visit). My (relative) always looks well, happy and content, with her make up done. It’s very homely here. The staff are always pleasant and there are usually enough staff here.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding and the home’s environment.

Areas for improvement

No areas for improvement, within this domain, were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

A review of seven care records confirmed that these were maintained in line with the legislation and standards. A range of assessments was used to ensure that residents' needs were being addressed and independence was promoted where possible. The use of both an annual care plan and an 'active' care plan reflected a dynamic approach to the changing needs of the residents. A further area of good practice was identified as an activity assessment form was completed and regularly reviewed with residents, including their views and preferences for activities, physical health and social interaction needs. Additional evidence that residents and/or their representatives were fully involved in the process was that care plans were signed by the resident and/or their representative.

Care records included discussion of safety measures, such as nightly checks, sharing of information and displaying photographs. Written consent - signatures from residents and/or their relatives - was requested. However, some written records of consent were not signed, to confirm what had been discussed and agreed. This has been stated as an area of improvement.

A registered dietician had created a varied and nutritious meal plan for residents. Individual preferences and dietary needs were fully incorporated into the catering arrangements, with a specific option for residents with diabetes or speech and language therapy (SALT) requirements.

Residents are provided with freshly baked goods every morning such as scones, croissants and shortbread. Birthday cakes are also freshly baked on site. The home's cook outlined improvements that had been made to catering arrangements in order to promote the residents' physical health; for example, residents were provided with a fruit platter as an afternoon snack, instead of biscuits and cakes.

A comments log was retained in the dining room for residents to provide feedback and requests, although they can also speak to the cook directly to arrange this. Review of this log showed many positive comments describing the food as excellent and lovely. Further feedback was gathered during the residents' meeting on 30 October 2018; for example, residents requested more fish and that vegetables were roasted rather than boiled.

Residents, a resident's relative and staff spoken with during the inspection made the following comments:

Residents:

- "Oh, I keep the staff busy! I missed work; I worked all my life. I like to keep busy. I like helping in the garden."
- "I like having my chickens here."
- "The food is second to none; better than some restaurants! The chefs ask you how it was – you wouldn't see that in the Slieve Donard!"
- "The food is excellent – you're never done eating!"

Resident’s relative:

- My (relative) enjoys her food. She gets a choice at lunch and tea time, and they ask her what she wants in the morning. There’s always plenty of fluids available which is important.”

Staff:

- “We know the residents’ preferences and they can approach me with any requests...budget isn’t an issue; the residents get the best quality of food, for example, fresh salmon fillets.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, catering arrangements and communication between residents, staff and other interested parties.

Areas for improvement

One area for improvement, within this domain, was identified during the inspection. This was in relation to ensuring that all written consent records are signed by the resident and/or their representative.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussion and observation of care practice and social interactions demonstrated that residents’ needs were recognised and responded to by staff. On the day of inspection, residents presented as content and relaxed in their surroundings, with personal care well attended to. Any signs of agitation or distress were addressed in a prompt and courteous manner. Staff were able to communicate effectively with residents; for example, a white board was used with one resident as their preferred form of communication due to hearing difficulties.

Residents were treated with dignity and respect as they were greeted by name and there was a friendly rapport between staff, residents and visitors. Staff took time to talk to residents about their interests, their activities, their families or the weather, in addition to their care needs.

There were also systems in place to ensure openness and transparency of communication; for example, the most recent resident newsletter was on display. This included information on events such as residents’ birthdays and Burns night celebrations. Discussion with the manager and resident’s visitor confirmed that management operated an open door policy in regard to communication within the home.

Residents were listened to, valued and their views and opinions were taken into account in all matters affecting them. For example, residents' meetings, the use of a suggestion box in the home's foyer, monthly visits by the registered provider and a comments log in the dining room. Review of the 2017 Annual Quality Review report included positive comments from residents and relatives describing the home as "next best to own home".

Discussion with staff and observation of practice confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of inspection, residents were engaged in a range of activities depending on their interests. The activity co-ordinator led chair based exercises in the morning, with a quiz in the afternoon. Some residents liked to help in the dining room, setting the tables. Others enjoyed the view of the sea and had binoculars as they liked watching the boats and ships. Residents were also observed enjoying listening to music and completing crosswords in the reminiscence room. The activities schedule included chair exercises; music; book club; table top activities; crafts; and evening entertainment. The hairdresser was available twice a week.

Residents' spiritual and cultural needs were met within the home. Residents could attend daily morning prayers and devotions in the lounge. There were also prayer meetings, and several options for Sunday services both within and outside the home.

The 'Friends of River House' group remained an excellent source of support for the residents' social and activity needs. Their choir performed weekly in the home, and was described as a highlight for residents. Other social activities included: residents being supported to attend talks by the gardening group 'Gallivanting Gardeners'; visiting the butterfly house in Seaforde; attending a Christmas tree festival at a local church; and enjoying a Christmas shopping trip to a local gardening centre.

The home had also maintained links with another care home, and arranged a joint trip to Carlingford on the ferry. Ideas for activities are always encouraged, for instance, the home are planning to visit a museum in Downpatrick following a resident's suggestion at a recent residents' meeting. On the day of inspection, arrangements were being made for a visit to Belfast Zoo and for children from the local nursery school to visit the residents.

The activity co-ordinator reported that her hours have recently been increased, to facilitate more individual work with residents, particularly males who dislike attending group activities. Although afternoon tea remains a popular option, the activities co-ordinator remains keen to get residents involved in more varied and physical activities. Some residents enjoy gardening, or walking the promenade or around the garden, and she hopes to develop this further.

Residents, a resident's relative and staff spoken with during the inspection made the following comments:

Residents:

- "All the staff are nice, from the cleaner to the cook. Everyone is lovely...I've kept my independence and have my own circle of friends."
- "You get complete privacy. You can do what you want. I love looking out at the garden, or upstairs you can look out at the promenade. The singer is coming tonight – he's great craic!"
- "Everyone is nice here."

Resident's relative:

- "Staff are always pleasant and always have time for you. They are approachable. I know in some places staff's attitudes aren't great, but not here. They (staff) take my (relative) to Mass which she appreciates. Hazel, the activities girl, is also great."

Staff:

- "Residents are like family, we know them so well."
- "We have a really active and supportive group, 'Friends of River House' who organise lots of extra entertainment and plan trips and outings throughout the year. At Christmas, we went to dinner and a dance, called Waltzing Wednesdays; it was great to get the residents up and dancing and enjoying life."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home; listening to and valuing residents; taking account of the views of residents; and the range of activities offered to residents both in the home and the community.

Areas for improvement

No area for improvement was identified, within this domain, during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The manager advised that any changes to the management structure of the home or registered persons is managed to minimise any adverse effects on the home or the residents accommodated. The manager advised that there were systems in place to share learning and best practice in the home, including: staff supervision; competency and capability assessments; staff meetings; staff handovers; and daily environmental walk rounds. Discussion with the manager also identified some areas where the General Data Protection Regulation (GDPR) could be further embedded into practice; following the inspection, the manager confirmed several improvements which had made in the home to address this.

The home had a whistleblowing policy and the manager advised that staff were reminded of their professional duties as part of their Northern Ireland Social Care Council (NISCC) registration. Staff could also access line management to raise concerns and obtain support, as necessary.

Information about RQIA was clearly displayed throughout the home, including the home's certificate of registration; RQIA membership scheme; and RQIA complaints poster. The home

had not received any complaints recently. The home retains compliments received, such as thank you letters and cards, and had recently received a large fruit basket as thanks from a family.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, including dysphagia. The activities co-ordinator has been able to attend several conferences to enhance her knowledge and skills to develop a dynamic, dementia friendly activity programme. There was evidence of managerial staff being provided with additional training in governance and leadership. The manager had completed additional managerial training and three members of staff were due to commence NVQ Level 3 in Health and Social Care the following week.

Residents, a resident’s visitor and staff spoken with during the inspection made the following comments:

Residents:

- “The manager couldn’t do any better.”

Resident’s visitor:

- “The staff are aware of everything. The manager is good – if I’ve had an issue, she has kept me well informed, and everything is managed and addressed fully. They are very responsive.”

Staff

- “I go to Stephanie (manager) with anything. She is well aware and I know she will address any issues straightaway.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and commitment to quality improvement in the home.

Areas for improvement

There were no areas for improvement, within this domain, identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Stephanie Moore Archer, 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 care 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 7.4 Stated: First time To be completed by: 7 May 2019	The registered person shall ensure that written records of consent are signed by the resident/and or their representative. Ref: 6.5 Response by registered person detailing the actions taken: All consents are up to date, signed and completed as requested.

Please ensure this document is completed in full and returned via Web Portal



The Regulation and
Quality Improvement
Authority

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

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