



The **Regulation** and  
**Quality Improvement**  
Authority

**Inspector: Ruth Greer**  
**Inspection ID: IN17784**

**River House**  
**RQIA ID: 1646**  
**131 Central Promenade**  
**Newcastle**  
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**Unannounced Care Inspection  
of  
River House**

**8 September 2015**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rgia.org.uk](http://www.rgia.org.uk)**

## 1. Summary of Inspection

An unannounced care inspection took place on 8 September 2015 from 10.00 to 14 30. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 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            | 0               |

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

|   |   |
|---|---|
| <b>Registered Organisation/Registered Person:</b><br>Presbyterian Board of Social Witness | <b>Registered Manager:</b><br>Miriam Chambers       |
| <b>Person in Charge of the Home at the Time of Inspection:</b><br>Mrs Chambers            | <b>Date Manager Registered:</b><br>03/03/2014       |
| <b>Categories of Care:</b><br>RC-DE, RC-I   | <b>Number of Registered Places:</b><br>29           |
| <b>Number of Residents Accommodated on Day of Inspection:</b><br>24                       | <b>Weekly Tariff at Time of Inspection:</b><br>£470 |

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme had been met:

**Standard 14:           The death of a resident is respectfully handled as they would wish.**

**Theme:                 Residents receive individual continence management and support.**

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

The report of the previous care inspection in March 2015 and notifications of incidents to RQIA since the previous inspection.

During the inspection the inspector met with fourteen residents, two care staff, two catering staff, and three residents' visitors/representative.

The following records were examined during the inspection:

Care files  
Policy on death and dying  
Policy on the management of continence  
Accidents/incidents  
Complaints  
Fire safety records

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 3 September 2015. The completed QIP was returned and will be addressed by the pharmacy inspector.

#### 5.2 Review of Requirements and Recommendations from the last Care inspection

An unannounced care inspection was undertaken of the home in March 2015. There were no requirements or recommendations made as a result of that inspection.

### **5.3 Standard 14: The death of a resident is respectfully handled as they would wish**

#### **Is Care Safe? (Quality of Life)**

Residents are able to spend their final days in the home unless there are documented assessed healthcare needs which prevent this. The most recent death in the home was in January 2015. One resident was very ill on the day of the inspection. Staff who spoke with us described their role in caring for residents who are very ill and/or at end of life stage. Staff were aware of when to contact the G P and of the importance of keeping families updated on the resident's condition. Staff were aware of the impact of poor hydration and nutrition on residents who were very ill. The care plans we inspected had a copy of an advanced end of life plan. The care plans had been devised as part of the annual G P reviews of care. The care plans had been signed by the resident (where possible), the G P and the next of kin. The care plans contained details of medical conditions and the residents' own wishes for his/her end of life care.

#### **Is Care Effective? (Quality of Management)**

The home had a policy on death and dying which had been reviewed in April 2015. The policy was comprehensive and outlined the values underpinning how care for terminally ill residents should be delivered. The policy referenced several good practice documents including the DHPSS guideline "Living Matters /Dying Matters". We were informed that when a resident dies his/her room is untouched and kept locked until the family are ready to remove personal belongings. We were informed that staff will undertake this task if the family prefer. The home has a strong spiritual ethos and a daily devotional service takes place. Other residents may be told about the death of a resident at this meeting or individually by a staff member. Priests and ministers are contacted when a resident is unwell if this is the resident's wishes. Family are welcome to stay with any resident who is very ill. The home provides refreshments for family in these circumstances.

#### **Is Care Compassionate? (Quality of Care)**

Staff we interviewed stated that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff spoke affectionately of a resident who had previously died in the home. The resident had had no family contact. Staff from the home and members of the "Friends of River House" support group organised a rota in order that the resident was never unattended at the end of life stage. Staff were able to articulate the values that underpin care within the home as they related to dying and death. Staff informed us that they are aware of the finality of end of life care and that they get job satisfaction from "doing the very best for the resident and family".

#### **Areas for Improvement**

There were no areas of improvement identified with the standard inspected. Overall the standard was assessed to be safe, effective and compassionate.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of Requirements:</b> | <b>0</b> | <b>Number of Recommendations:</b> | <b>0</b> |
|--------------------------------|----------|-----------------------------------|----------|

**Theme: Residents receive individual continence management and support**

### **Is Care Safe? (Quality of Life)**

The home had a policy on the management of continence dated May 2015. The policy was comprehensive and referenced good practice guidance including DHPSS document Guidance on Continence Management. The policy provided staff with guidance on how to recognise the possible reasons for incontinence and of what steps needed to be taken. A review of residents' care files found that an individual assessment and care plan was in place in relation to continence. There were adequate supplies of aprons, gloves and hand sanitisers available. Staff received training in relation to continence management as part of their induction. Staff were aware of the system of referral to community services for specialist continence advice/support. Continence products were disposed of in line with infection control guidance.

### **Is Care Effective? (Quality of Management)**

The registered manager reviews all care plans on a monthly basis as part of her on going quality assurances methods. This includes a review of skin integrity for residents who are incontinent. In the first instance continence products are prescribed by the district nurse. Senior staff in the home re order products as and when required for each individual resident. Our discussions with staff, observation of practice and inspection of care records identified no areas of mismanagement in this area.

### **Is Care Compassionate? (Quality of Care)**

Staff with whom we spoke recognised the potential loss of dignity associated with incontinence. They gave examples of how they ensure, as far as possible, the resident's dignity and independence is maintained when assisting with individual continence management. From our observation of care practice we found residents were treated with care and respect when being assisted by staff. Continence care was undertaken in a discreet, private manner. There was evidence that there is a good standard of continence management in the home which was person centred, underpinned by informed values and delivered with compassion.

### **Areas for Improvement**

There were no areas identified for improvement in relation to the theme of incontinence management. The care is assessed as safe, effective and compassionate.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of Requirements:</b> | <b>0</b> | <b>Number of Recommendations:</b> | <b>0</b> |
|--------------------------------|----------|-----------------------------------|----------|

## 5.4 Additional Areas Examined

### 5.4.1 Residents

We spoke with most of the residents in the home at the time of this inspection. They expressed that they are happy in the home and with the care they receive. The residents spoke positively about the staff and the quality of the food. A selection of residents' comments was as follows:

"You couldn't say a bad word about here"

"It's great getting all your meals made for you"

"The girls are great, can't do enough for you"

### 5.4.2 Relatives

We spoke with 3 relatives in the home at the time. One relative told us that she was "very happy" with the care provided to her father. One relative stated that although happy with the care in general he had an issue in relation to a window in his relative's bedroom. A review of records showed that the manager was aware of this matter and a referral had already been made to an outside company to repair the window seal. We spoke with the relative of a resident who was very ill. The relative was sitting with the resident for long periods and the home had provided a recliner chair for comfort. The relative told us that she could "never repay" the staff for their kindness not just to the resident but to herself as a relative. The relative told us that "I am so lucky that my parent is here and not in hospital. The staff here know her/him so well and I totally trust them when I can't be here"

### 5.4.3 Staff Views

We spoke with two catering staff and two care staff of various grades. All spoke positively about their roles, staff morale, teamwork and managerial support. Staff informed us that they felt a high standard of care was provided for residents and especially when residents are at end of life stage. Staff spoke affectionately of residents who had died in the home.

### 5.4.4 Staffing levels

On the day the following staff were on duty –

Manager x 1

Senior care assistant x 1

Care assistant x 3

Domestic x 2

Laundry x1

Catering x 2

Administrative x1

Maintenance x1

This is considered satisfactory to meet the needs and numbers of persons accommodated

#### **5.4.5 Complaints**

An inspection of the complaints record showed that complaints are recorded and investigated appropriately.

#### **5.4.6 Accidents/incidents**

An inspection of the record of accidents and incidents showed that these are recorded and reported appropriately.

#### **5.4.7 Fire safety**

A fire safety risk assessment in line with HTM84 was last completed in September 2014. The registered manager confirmed that the assessment would be reviewed in September 2015. Fire training in the home was last held on 10 March 2015, 7 May 2015 and is planned again for 6 October 2015. The fire system is checked weekly and the outcome recorded.

#### **5.4.8 Environment**

An inspection of the internal environment found it to be clean, warm and bright. Communal areas are well furnished with a variety of seating arrangements. Residents' bedrooms are personalised to suit the wishes and taste of the occupants. There were neither hazards nor malodours noted on our inspection.

No requirements or recommendations resulted from this inspection.

|   |            |                |         |
|---|------------|----------------|---------|
| I agree with the content of the report. |            |                |         |
| Registered Manager                      | M Chambers | Date Completed | 14/9/15 |
| Registered Person                       | Linda Wray | Date Approved  | 21/9/15 |
| RQIA Inspector Assessing Response       | Ruth Peere | Date Approved  | 9/10/15 |

Please provide any additional comments or observations you may wish to make below:

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

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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.