



Announced Care Inspection Report 15 February 2021



River House

Type of Service: Residential Care Home
Address: 131 Central Promenade, Newcastle, BT33 0EU
Tel no: 028 4372 3206
Inspectors: Debbie Wylie

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 residential care for up to 29 residents.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual: Lindsay Conway	Registered Manager and date registered: Stephanie Moore Archer 3 January 2020
Person in charge at the time of inspection: Stephanie Moore Archer	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.
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of residents accommodated in the residential home on the day of this inspection: 26

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.

Following a risk assessment RQIA decided to undertake a remote inspection of this home.

The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection prevention and control (IPC)
- care records
- quality of life for residents
- quality improvement
- consultation with residents, residents' representatives and staff.

Residents consulted with were positive regarding their experience of living in River House. Those who could not verbally communicate were observed to be relaxed and settled in their environment.

The findings of this report will provide River House with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Areas for improvement and 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.

5.0 How we inspect

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Duty rotas from 8 to 23 January 2021
- staff training matrix 2020
- the management/organisational structure of the home
- the on-call arrangements out of hours
- a selection of quality assurance audits
- the visiting policy
- care partners protocol
- regulation 29 monthly quality monitoring reports for November and December 2020
- complaints and compliments records
- incident and accident records
- a selection of minutes of residents' and staff meetings
- the activity planner for December 2020
- the menus for December 2020
- three residents' care records.

During the inspection RQIA were able to consult with residents and staff using technology.

Posters and electronic information was sent to the manager in advance of the inspection to obtain feedback from residents, residents' representatives and staff. A poster was provided for the manager to distribute to residents' representatives with details of the inspection. A poster was also distributed to residents' representatives and displayed in the home for residents and staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place via video technology with Stephanie Moore Archer, manager.

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(s)

No further actions were required to be taken following the most recent care inspection on 22 February 2020.

6.2 Inspection findings

6.2.1 Staffing

The staff rota was reviewed from 8 to 23 January 2021 and confirmed that staffing levels in the home were safe and effective. The names and designation of staff were included on the rota and the rota was in a format which was clear and comprehensible.

Discussion on the day of the inspection with the manager, three staff and three residents also confirmed there were no concerns regarding staffing levels. Staff were attentive to residents needs and responded to requests promptly.

Staff confirmed that the manager was supportive and approachable and had an open door policy. Staff had a very good understanding of their roles and responsibilities and on discussion were able to describe the action to take if they had any concerns regarding residents' care or working practices. Training was provided to support staff in their roles which was confirmed on discussion with staff and also on examination of the staff training matrix for 2020. Staff comments included:

- "We work well as a team."
- "The manager is approachable and very hands on."
- "I'm getting all my training mainly on-line."
- "The manager is a really good support."
- "The manager is really interested and keeps up to date with what is happening."

As part of the inspection process we asked residents, residents' representatives and staff to provide comments on staffing levels via questionnaires. We received four relative's questionnaires, ten resident's questionnaires and nine staff questionnaires which confirmed that they had no concerns about staffing levels in the home.

6.2.2 Management arrangements

Staff confirmed that there was good communication in the home including handover reports and staff meetings. This was confirmed on review of the minutes of the staff meetings. The manager also informed us that she had an open door policy and staff were encouraged to discuss all aspects of care in the home with her if required.

There had been no change in manager since the last inspection. The manager confirmed that the home was operating within its registered categories of care. The provision of care on a day basis for 2 people had been suspended due to the current COVID-19 pandemic.

We reviewed a detailed and informative synopsis of the management arrangements in the home. This information included the management structure of the home and the staffing detail. Information was provided on the cover arrangements for the out-of-hours period and the contact details for management if this should be required. Staff confirmed that they were aware of actions to take in the out of hour's period if they should require management support.

6.2.3 Governance systems

Prior to the inspection we completed an assessment of the governance documentation completed for the home. We reviewed a selection of quality assurance audits and found evidence that quality audits had been completed regularly for infection prevention and control (IPC), falls and nutrition however there were no audits completed for restrictive practice and wound care. This was discussed with the manager who agreed to commence these audits. An area for improvement was made.

The record of notifiable events in the home was inspected and this confirmed that not all notifiable events were reported to RQIA. This is in relation to unwitnessed falls in the home. This was discussed with the manager and an area for improvement was made.

We reviewed the record of the monthly monitoring visits for November and December 2020. The record was comprehensive and reviewed all aspects of care in the home. The report also provided detail of the actions and follow-up which had been completed.

The home provided documents for review prior to the inspection in relation to visiting and care partners for residents. The documents showed evidence that current Department of Health guidelines on visiting in the home and provision of care partners was not in place. This was discussed with the manager and is to be updated to take into account current regional guidelines and legislation. This will be reviewed at the next inspection.

6.2.4 Infection prevention and control (IPC)

Staff were observed wearing the correct PPE when caring for residents throughout the day and using hand sanitising gel at appropriate times. Residents and staff both adhered to social distancing in corridors and communal rooms such as the dining room and lounge. We saw that comprehensive IPC audits had been completed regularly and provided evidence that the home environment was cleaned regularly and enhanced cleaning was in place due to COVID-19. Robust hand hygiene audits were not completed and the manager agreed to put this in place to monitor compliance. This will be reviewed at the next inspection.

The entrance area of the home had a supply of personal protective equipment (PPE), hand sanitising gel, a health declaration and temperature checks which were completed for all visitors to the home. The poster informing residents, staff and visitors that the inspection was taking place was displayed on the noticeboard in the hallway.

Toilets in bathrooms were sanitised after use and call bells and light pulls were noted to have appropriate covers for ease of cleaning. PPE stations were placed throughout the home and hand sanitising gel was situated to allow regular hand decontamination.

6.2.5 Care records

We reviewed three residents' nutritional care records which were provided prior to the inspection. Records were in place for monitoring resident's weight, choking risk, nutritional requirements and food and fluid intake. Dental review had not taken place due to the current COVID-19 pandemic.

The records also provided evidence of liaison with other professionals including the speech and language therapist (SALT) and the dietician. The record of these assessments and recommendations were included in the resident's records to ensure the appropriate level of care was provided by staff.

6.2.6 Quality of life for residents

During a tour of the home with the aid of technology, we saw that residents' rooms were personalised with family photographs and personal items which were important to them. Resident's rooms and communal rooms were tastefully decorated and appeared tidy and clean. The home had a lovely view over the sea which residents could either view from the comfort of the home or the garden in warmer weather.

Residents also had the opportunity to assist with the care of the pet chickens which resided in the garden. Residents described this as a great experience and were proud of certificates they had been awarded for their help.

Other residents enjoyed the craft activity of making pictures. There were many lovely examples of residents' arts and crafts on display in the home. Activities were available in the home for all residents and included armchair exercises, crafts, singing, variety shows, movie nights, musical entertainment and one to one activities for residents who wished to remain in their rooms.

The lunch time meal was served in the dining room or in residents own rooms if they preferred. A menu was displayed giving detail of each meal which was to be served on a daily basis. The tables were set with condiments and home-made valentines decorations. The lunch time meal was described by residents:

- "It's very nice."
- "We all love this sausage casserole."
- "It's lovely and very popular."

Staff had a good knowledge of resident's special dietary requirements and were able to describe their preferences and dislikes. There was a choice of drinks and main courses available in all diet formats and alternatives were available if requested. Residents and staff chatted in an amicable manner about living in the home and their plans for the rest of the day.

6.2.7 Quality improvement

A large screen smart television had been installed to aid video calls between residents and their families. This gave residents a better view of their loved ones when they spoke with them.

Video technology had been put in place to ensure residents have regular contact with families during the COVID-19 pandemic.

6.2.8 Consultation with residents, residents’ representatives and staff

The home was notified of the planned inspection 28 days prior to the date of inspection and an inspection pack was sent via email to the home at this time. The pack included an inspection poster which was displayed in the home and emailed to relatives to inform residents and their representatives of contact telephone numbers and an email address by which they could contact RQIA to provide feedback on the care provision in the home. We did not receive feedback via telephone or email.

A poster provided details of an online survey for residents, residents’ representatives and staff to complete. No completed surveys were received.

We also provided the home with questionnaires to be distributed to residents, residents’ representatives and staff. We received four relative’s questionnaires, ten resident’s questionnaires and nine staff questionnaires which confirmed that they were either satisfied or very satisfied that care in River House was safe, effective, compassionate and well led. Comments from staff and residents during the inspection included:

- “We have regular team meetings which are beneficial.”
- “Residents are 100% well looked after.”
- “We are well looked after here.”
- “It’s very pleasant living here.”

A record of compliments received by the home were retained and shared with staff. Some of the comments received included:

- “Thank you and your team at River House for all the hard work and tremendous effort you have implemented in keeping the home safe.”
- “I have always believed that good care and love always comes from the top, thank you.”
- “We were welcomed into the River House family thank you.”

Areas for improvement

Areas for improvement included: completion of quality audits and notification to RQIA of unwitnessed falls.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3 Conclusion

The home was clean tidy and welcoming. Residents appeared to be relaxed and settled in the home. Staff were knowledgeable about the individual care requirements for residents and were attentive to their needs.

The areas for improvement identified were discussed with the manager at the conclusion of the inspection.

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 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: immediately from the date of inspection	<p>The registered person shall ensure that all notifiable events which occur in the home are reported to RQIA. This is in relation to unwitnessed falls in the home.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: All senior staff informed on reporting to RQIA and monitoring for head injury when a resident with a diagnosis of dementia has an unseen fall.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 20.10 Stated: First time To be completed by: immediately from the date of inspection	<p>The registered person shall ensure that quality audits of working practices within the home are completed regularly. This is in relation to restrictive practice and wound care audits.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: To include in monthly audits from February 2021, a restrictive practice audit and a wound care audit.</p>

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
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care