



# Unannounced Care Inspection Report 17 & 20 September 2019



## River House

**Type of Service: Residential Care Home**  
**Address: 131 Central Promenade, Newcastle BT33 0EU**  
**Tel No: 02843723206**  
**Inspectors: Marie-Claire Quinn and Joseph McRandle**

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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 registered residential care home which provides care for up to 29 residents aged 65 years and older. The home is also registered to provide care to a maximum of 10 residents living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Presbyterian Council of Social Witness  <b>Responsible Individual(s):</b> Lindsay Conway	<b>Registered Manager and date registered:</b> Stephanie Moore Archer – registration pending
<b>Person in charge at the time of inspection:</b> Ashleigh Edwards, senior care assistant, on 17 September 2019  Stephanie Moore Archer, manager, on 20 September 2019	<b>Number of registered places:</b> 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.
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia	<b>Total number of residents in the residential care home on the day of this inspection:</b> 28

### 4.0 Inspection summary

An unannounced inspection took place on 17 September 2019 from 10.55 hours to 16.00 hours. An unannounced finance inspection took place on 20 September from 11.00 hours to 13.00 hours.

This inspection was undertaken by the care and finance inspectors.

The inspection assessed progress with all areas for improvement identified in the home during and since the last care and finance 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 staffing, staff training, falls management, care delivery, communication and the dining experience. The culture and ethos of the home, provision of activities, maintaining and developing links with the community, and excellent collaborative working between residents and staff is also to be commended. Good practice was also evident in the management of complaints, compliments and governance arrangements, the management of residents' monies and valuables and the general financial arrangements.

One area requiring improvement was identified in relation to the details contained within the residents' care plans.

Residents were very complementary about the care they were receiving in the home.

Comments received from residents during the inspection are included in the main body of this report.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Ashleigh Edwards, senior care assistant, 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 inspection dated 7 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 7 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care and finance inspections, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the agreed time frame of two weeks.

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

- staff training schedule
- staff supervision schedule
- audit of staff Northern Ireland Social Care Council (NISCC) registration August 2019
- the care records of four residents

- activities schedule
- complaints records from February 2019 – September 2019
- compliments records from June 2019 – September 2019
- audits of the home's environment dated 30 April 2019 and 16 July 2019
- accidents and incidents records from May 2019 – September 2019
- monthly monitoring reports dated 22 May 2019, 20 June 2019, 22 July 2019 and 22 August 2019
- RQIA registration certificate
- three residents' finance files including copies of written agreements
- a sample of various financial records, including residents' personal allowance monies and valuables
- a sample of records of monies deposited on behalf of residents, records of the safe contents and records of the reconciliation of residents' monies and valuables

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 last care inspection dated 7 February 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 7.4 <b>Stated:</b> First time	The registered person shall ensure that written records of consent are signed by the resident/and or their representative.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the care records of four residents confirmed that written records of consent were in place and signed by residents and/or their representatives.	

Areas for improvement identified at the last finance inspection have been reviewed and assessed as met.

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The home was busy on the day of inspection; however this did not impact on the delivery of care. Residents were promptly and politely attended to and there were sufficient staff to ensure that individualised care was provided. Residents told us:

- “I’m heading out now; I’m looking forward to it. Staff are making sure I’m wrapped up nice and warm.”
- “Staff couldn’t do more for me. I couldn’t go back to living on my own. My (relative) accidentally set my buzzer off one day – they couldn’t believe how quickly staff come to check on me.”
- “I don’t call staff at night as I don’t need to. I can do things for myself. But yes, it’s nice to know they are there.”

The home audits the professional registration of staff with NISCC on a monthly basis. Initial review of this record required some clarification; correspondence with the manager following the inspection on 17 September 2019 confirmed robust arrangements were in place.

Review of the staff training schedule was satisfactory. Staff supervision schedules and correspondence with the manager following the inspection on 17 September 2019 confirmed that adequate supervision arrangements were in place in the home.

Observation of practice and a review of care records confirmed that there were robust falls management arrangements in place at the home.

Correspondence with the home prior to and during the inspection confirmed that adult safeguarding policies and procedures were adhered to. Information of the home’s adult safeguarding champion was prominently displayed.

The home was clean, warm and tidy. We highlighted some minor areas where the home could improve secure storage. Maintenance staff were on site daily and there was a robust system in place to ensure that repairs were addressed in a timely manner.

#### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, training and falls management.



## Areas for improvement

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

	Regulations	Standards
<b>Total numb of areas for improvement</b>	0	0

### 6.4 Is care effective?

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

Residents were well-presented, bright and alert. Staff delivered care in an unhurried, organised and cheerful manner. Residents confirmed they felt well looked after in the home:

- “If you lined the girls (staff) up, I couldn’t pick who is the best one! I’m very happy here. My (relative) has just been here and told me I was looking awful well today.”
- “I’m getting my hair done today.”
- “They (the staff) are very kind people.”

We observed positive interactions between staff and residents; staff were skilled in anticipating and responding to residents’ needs. Staff were able to clearly communicate with and advocate for residents with multi-agency professionals. There was evidence of close liaison, assessment and care planning with district nursing, speech and language therapists and G.P’s.

There was ample written communication displayed throughout the home, including information on the ‘Friends of River House’ committee, activities schedule and the home’s newsletter, ‘Weekly Sparkle’. Staff and volunteers were clearly identified by their photographs and names displayed in the foyer of the home.

Care records were person centred and holistic. Risk assessments were personalised and regularly reviewed. There was a good level of detail on how staff can support residents with their social, cultural and spiritual needs. Some files were disorganised, which staff agreed to address. We did identify that some care plans, relating to the management of a specific condition, required more detail. This was identified as an area for improvement.

We observed the serving of the lunch time meal. The dining room was well-maintained; tables were set with cutlery, crockery, linen napkins and condiments. The day’s menu was displayed in the foyer and the dining room. Staff led a prayer before lunch which residents appreciated. Lunch was served in a calm, organised and relaxed manner. There were lovely, jovial interactions between staff and residents. Residents were offered choice throughout the experience, including where to sit, what to drink, what to eat and portion size. Staff were available to support residents, but encouraged independence where possible. Suitable adjustments were made for those residents who required a textured diet, which ensured they were treated with dignity and respect. It was clear staff knew residents very well, as they were able to encourage and comfort them when necessary, to good effect. Residents were very complimentary about the food in the home.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to care delivery, communication and the dining experience.

## Areas for improvement

One area for improvement was identified in relation to recording further details in some residents' care plans.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.5 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.**

We saw care being delivered in a way which maintained residents' privacy and dignity. Staff sought verbal consent before providing personal care, knocked doors before entering, and offered residents' choice throughout the day.

There was evidence of residents' involvement in care planning as care records were signed by the residents and/or relatives. We highlighted to the home that this should also be reviewed when there are significant changes to the care plans.

The activities schedule was clearly displayed and updated in the home. We saw residents engage in a range of activities of their choice, including attending morning prayers, sitting in the garden, going out with family, attending day opportunities or chatting with friends. The home is spacious, with ample communal areas for residents, including a well maintained reminiscence room.

The home maintained strong links with the local community. The 'Friends of River House' remain a vital and popular support for residents. Regular outings are organised and advertised in the home. Residents were currently completing a charity project in aid of the Samaritans. An advocate from the Alzheimer's Society visited the home during the inspection to advise residents that the service was available.

There was excellent evidence of collaborative and partnership working in the home; some staff had accompanied several residents to the South Eastern Health and Social Care Trust awards on the day of inspection. The home had won an award for 'Best Kept Facilities' for their garden, for the third year running. The residents play a key role in this, as several enjoying gardening, and contributing to this. Residents excitedly discussed this contributing to a lovely atmosphere in the home:

- "We're very pleased to have won the award. I love helping in the garden."
- "Very proud."



**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, provision of activities, maintaining and developing links with the community, and excellent collaborative working between residents and staff.

**Areas for improvement**

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 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.**

There were appropriate management arrangements in place on the day of inspection. The person in charge was confident, decisive and organised. Residents confirmed they knew who to speak to if they had any issues in the home. Residents told us:

- “I couldn’t find anything to complain about. This home has a well-deserved good reputation.”
- “We are very content here.”

Review of complaints records was satisfactory. The home also maintained records of compliments. Comments received included:

- “I’ve never seen my (relative) so happy.”
- “Staff went above and beyond taking extra special care of residents.”
- “There is a lovely warm atmosphere. Residents seemed very happy.”

We reviewed a sample of the home’s environmental audits. This confirmed that staff adhered to health and safety work practices. The manager maintained a good oversight of the home, by challenging staff practice if necessary and ensuring mandatory training was kept up to date.

Additional oversight was provided through the monthly monitoring visits, one of which was taking place on the same day as the care inspection. We were pleased to note that this additional scrutiny did not appear to concern staff, or impact on care delivery. Monthly monitoring reports were robust and contained a good level of input from residents, relatives, visitors and staff. There was a clear action plan in place, which was reviewed monthly. The home had yet to receive a copy of their annual fire risk assessment report; this was being monitored by the manager. Correspondence with the manager following the inspection confirmed that any identified actions were being progressed.

We were also satisfied that the home had made suitable arrangements for the anticipated implementation of the Mental Capacity Act (NI) 2016. This includes training and review of practices in the home which may restrict a resident's freedom.

### **Management of residents' monies**

A finance inspection was conducted on 20 September 2019. A review of a sample of residents' records was taken to validate compliance with the areas for improvement identified from the last finance inspection. These included; copies of residents' written agreements, records of the reconciliations of residents' monies and valuables and records of monies deposited on behalf of residents. Of the total number of areas for improvement all were assessed as met.

Financial systems in place at the home, including controls surrounding the management of residents' finances, were reviewed and found to be satisfactory. A review of a sample of records of monies deposited on behalf of two residents showed that the details of the transactions were recorded. In line with good practice the person depositing the monies was issued with a receipt. Two signatures were recorded against each entry in the residents' transaction sheets.

A review of three residents' files evidenced that copies of signed written agreements were retained within all three files. The agreements reviewed showed the current weekly fee paid by, or on behalf of, the residents.

No new areas for improvement were identified as part of the finance inspection.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to complaints, compliments and governance arrangements, maintaining up to date records of the reconciliations of residents' monies and valuables, providing residents with up to date written agreements and issuing receipts to individuals depositing monies on behalf of residents.

### **Areas for improvement**

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

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 Ashleigh Edwards, senior care assistant, 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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 November 2019</p>	<p>The registered person shall ensure that residents' individual care plans includes details of the management of any identified risks and strategies or programmes to manage specified behaviours. This is in relation to residents who may have specific, additional physical or mental health needs.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> All residents' careplans, individual risk assessment and programmes of care are under review and updated accordingly. This area for improvement has been actioned.</p>

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



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