



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

# Unannounced Care Inspection Report 27 February 2020



## River House

**Type of Service: Residential Care Home**

**Address: 131 Central Promenade, Newcastle, BT33 0EU**

**Tel no: 028 4372 3206**

**Inspectors: Marie-Claire Quinn and Nora Curran**

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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.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Presbyterian Council of Social Witness  <b>Responsible Individual:</b> Lindsay Conway	<b>Registered Manager and date registered:</b> Stephanie Moore Archer 3 January 2020
<b>Person in charge at the time of inspection:</b> Stephanie Moore Archer	<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 care inspection took place on 27 February 2020 from 10.30 hours to 15.25 hours.

The inspection assessed progress with all areas for improvement identified in the home during and since the last care inspection.

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home. Residents were observed to be supported in choice and decision making and there was positive community engagement. Further examples of practice were seen in relation to team work, activities and the dining experience.

No areas requiring improvement were identified during this inspection.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and when interacting with staff and other residents.

Comments received from residents, people who visit them, professionals and staff 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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Stephanie Moore Archer, Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent inspection dated 17 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 17 September 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 inspection and any other written or verbal information received, for example serious adverse incidents.

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

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

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 in the agreed time frame of two weeks after the inspection.

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

- care records of four residents
- fire risk assessment dated 15 May 2019
- record of fire drills completed in 2019
- activities schedule

- staff duty rotas from 24 February to 8 March 2020
- complaint records
- adult safeguarding policy
- accident/incident records from November to December 2019
- monthly monitoring reports from November 2019 to February 2020
- audit of staff's professional registration with Northern Ireland Social Care Council (NISCC)

Areas for improvements identified at the last care inspection were reviewed and an 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 17 September 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 6.2 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records and correspondence with the home following the inspection confirmed that this area for improvement has been met.	

## 6.2 Inspection findings

### 6.2.1 Care delivery

We saw friendly, helpful and kind staff provide person centred care in a calm and organised manner. Residents were well presented, and looked clean, tidy and comfortable. Resident's needs were well attended to and we saw residents being treated with dignity and respect.

The home provided a range of opportunities to support resident's social, cultural, religious and spiritual needs. A service had been held in the home on the previous day for those who wished to celebrate Ash Wednesday. Some residents were out enjoying a local coffee morning during the inspection. We joined in with the arm chair exercise session held in the lounge. Residents enjoyed participating and observing this activity, adding to the friendly and jovial atmosphere in the home.

The home was also decorated with art work and photographs of residents engaging in a range of activities. There was also a lovely display of the 'Postcards of Kindness' project and residents were delighted with the range of postcards received from around the world.

Residents told us they were happy and content living in the home. Specific comments from residents included:

- "The people are very friendly, good food and that's what matters."
- "They (staff) couldn't do enough for us."
- "I use the buzzer if I need it. They (staff) come, even at 4 in the morning to give me a drink of milk."
- "I'm here with my sister. I'm so happy we could stay together."
- "They (staff) work very hard but are always so kind when I ask for anything."
- "Oh boy, they are the best here."
- "Staff are first class, food and company is lovely. The only thing is I'd like a toilet (en suite) in my room."

### **6.2.2 Consultation with relatives and visitors**

There was a friendly and welcoming atmosphere in the home throughout the inspection. There were several visitors during the inspection and it was positive to see how well the home supports residents to maintain and develop relationships with family, friends and visitors. The relatives and visitors we spoke with were highly complimentary about the care provided in the home. Comments included:

- "Excellent care."
- "Residents all so happy and comfortable and able to tell you if they need something or not happy."
- "I'd be more than happy to live here if I needed care."
- "I see relatives meetings advertised. I don't go because I'm very happy. They always tell us as a family if something is happening."
- "The care is second to none, we feel so comfortable here."

### **6.2.3 Consultation with staff**

When we spoke with staff, they demonstrated good person centred knowledge of resident's individual needs, preferences and wishes. Staff were positive about working in the home and the quality of the care being delivered to residents. Specific comments from staff included:

- "I would not have any problem going to the manager (if any safeguarding concerns)."
- "Staff meetings are regular and our suggestions are usually tried."
- "I'm happy enough working here."
- "We have opportunities to bring ideas forward even outside of staff meetings. We also have regular senior meetings."

## 6.2.4 Dining experience

We observed part of the serving of the lunch time meal.

The dining area had been prepared in advance of the lunch service; the room was clean, bright and spacious, tables had been set with cutlery, napkins and condiments and the atmosphere was welcoming.

The menu offered a range of nutritious, varied and wholesome food. Residents chose where to enjoy meals and snacks, and told us they were offered plenty of hot and cold drinks throughout the day. One resident told us, "The food is lovely, plenty of it and lots to pick from. If I don't like it they get something else." We spoke with staff who described how they encourage healthy options in the home, "Instead of home bakes all the time, we offer a daily fruit platter."

During the serving of food, staff maintained food safety standards with the appropriate use of personal protective equipment (PPE) and hand hygiene practices. Staff engaged with residents in a warm and polite manner, and were seen to encourage and assist residents where required.

The ambience during lunch was relaxed and social and married into the overall ethos of this being the residents' home; this was reflective in how residents were observant of who came into the dining room, were conversant with those seated at their tables and others around the room, invited anyone who came in to sit and join in, and spoke with pride about the food.

## 6.2.5 Environment

The home was clean, warm and tidy. There was ample communal space, including a well-maintained reminiscence room, an upstairs lounge with great views of the sea and a colourful and clean garden area overlooking the Mourne Mountains. Bedrooms were personalised and reflected the needs and interests of the resident.

We discussed with the manager some minor areas where infection prevention and control measures could be improved. This included the use of foot pedal operated bins, and wipe able covers for calls bells and posters. We noted the wheels of one shower chair had rusted, preventing effective cleaning; management confirmed this would be replaced immediately. The home was also in the process of replacing alcohol gel dispensers.

## 6.2.6 Care records

We reviewed care records for four residents and found that these contained a range of assessments which informed the care planning for individual residents. The care records also contained evidence of collaboration with individual residents, their relative where appropriate and other professionals involved in the resident's care, such as dieticians and community nurse practitioner.

We looked at residents with specific additional physical or mental health needs and found that the records for two residents were informative, individualised to the resident and fully up to date with the specialist recommendations. The records for two other residents with specific needs did require further work to ensure that specialist recommendations were clearer, including information on symptoms and/or side effects to guide care staff. This was discussed with the manager at the time of the inspection and the records were amended.

### 6.2.7 Management oversight

There was evidence of good management arrangements in the home. There were sufficient systems and processes in place to ensure the home maintained a high quality of care. Complaints were taken seriously and managed appropriately. When we reviewed governance records, we could see that any issues identified were addressed, monitored and reviewed in a timely manner. Residents told us:

- “I don’t know her name (manager) but if I needed her I would get her easy.”
- “I’m very happy with it (my room). I couldn’t be happier, not sure how long I’m here but never had to complain.”

Safeguards to ensure the safety of residents were in place. This included staff’s professional registration with NISCC. Policies and procedures were in place to guide and inform staff, such as the home’s Adult Safeguarding policy.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home. Residents were observed to be supported in choice and decision making and there was positive community engagement. Further examples of practice were seen in relation to team work, activities and the dining experience.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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