

Inspection Report

14 February 2022



Sir Samuel Kelly Memorial Eventide Home

Type of Service: Residential Care Home (RCH)
Address: 39 Bangor Road, Holywood BT18 0NE
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: The Salvation Army Responsible Individual: Elaine Cobb	Registered Manager: Sharon Boyd Date registered: 31 August 2018
Person in charge at the time of inspection: Kelly Anne Stone, Senior Carer	Number of registered places: 56
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia TI – Terminally ill.	Number of residents accommodated in the residential care home on the day of this inspection: 41
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 56 residents. The home is divided in four units over two floors. On the ground floor, Primrose Meadows and Lavender Glen. On the top floor Blueberry Wood and Buttercup Hill. Each unit has their own dining and living areas.	

2.0 Inspection summary

An unannounced inspection took place on 14 February 2022, from 11.00 am to 6.00 pm by a care inspector.

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

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

Residents said that living in the home was a good experience. Residents unable to clearly voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

No new areas for improvement were identified. Two areas for improvement from the previous care inspection were partially met and are therefore stated for a second time.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the person in charge at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with twelve residents during the inspection, either individually or in groups. Residents were positive about their experiences living in the home, and told us they enjoyed the company of the other residents and that the staff looked after them very well. Specific comments included, "If you have a problem you just have to mention it to the staff and they will get it resolved" and "When I came here at first I did not want to be here, but it has grown on me. I now realise that I just couldn't cope at home, so I am so thankful to be here".

The six staff we spoke with reported they had no concerns about the care being provided in the home. Staff described a caring, family atmosphere in the home, and stated they felt management were supportive and helpful, although at times it was difficult due to staff shortages due to the pandemic.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

No residents or relatives submitted questionnaires to RQIA and no other feedback was received from staff or resident's relatives following the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Sir Samuel Kelly Memorial Eventide Home was undertaken on 15 April 2021 by an Estates inspector; no areas for improvement were identified.

Areas for improvement from the last care inspection on 1 October 2020		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for Improvement 1 Ref: Standard 23.4 Stated: First time	The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them. This is specifically in relation to staff who are tasked with completing additional assessments, such as the Abbey Pain Scale.	Met
	Action taken as confirmed during the inspection: A review of staff training confirmed that the needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them. Staff have received training in relation to completing additional assessments, such as the Abbey Pain Scale.	
Area for Improvement 2 Ref: Standard 20.10 Stated: First time	The registered person shall contact the home's head office to agree a revised system for retaining the amount of monies for the resident identified during the inspection.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for improvement 3</p> <p>Ref: Standard 15.12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a system is implemented to include the monies held separately for the resident, identified during the inspection, in the quarterly checks of all monies held on behalf of residents.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of documentation confirmed that a system has been implemented to include the monies held separately for the resident, identified during the inspection, in the quarterly checks of all monies held on behalf of residents.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 8.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the records of residents' personal property are updated with items brought into the residents' rooms. The records should be reconciled at least quarterly and signed by two members of staff.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that the records of residents' personal property are updated with items brought into the residents' rooms. The records are reconciled at least quarterly but are not always signed by two members of staff. Therefore this area for improvement has been stated for a second time.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all residents are issued with the new written agreement which addresses the financial areas required under the Residential Care Homes Minimum Standards (August 2021).</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>All residents have been issued with the new written agreement which addresses the financial areas required under the Residential Care Homes Minimum Standards (August 2021). However there was evidence that these agreements have not been signed by the residents or their representatives. This area for improvement is stated for a second time.</p>		

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job.

The staff duty rota reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that the needs and wishes of residents and their relatives were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, several residents enjoyed a lie in and breakfast in bed on the day of inspection. Some residents enjoyed a pampering with the hairdresser, while other residents preferred to read or watch television.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff spoken with said that they were very happy at their work and take pride in their work. They told us that there is training at least once a month and they receive supervision every three months but can always request more if required.

Residents confirmed that staff knew them well and knew how best to help them.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents' needs and if required care staff consulted the District Nurse and followed the recommendations they made.

Examination of records and discussion with the senior carer confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable and had a pleasant, unhurried experience and had a meal that they enjoyed.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home. There were separate review arrangements for any resident whose placement was not arranged through a Health and Social Care Trust.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

Residents' bedrooms were personalised with items that are important to them. Bedrooms and communal areas were well decorated, suitably furnished; and comfortable.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. There was evidence throughout the home of 'homely' touches such as flowers, newspapers, magazines, snacks and drinks available and access to a kitchenette.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or spend time in their bedrooms if they preferred not to use the communal areas.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. Minutes of a residents meeting in February 2022, evidenced that they were involved in for example, planning activities and menu choices.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff and as said previously, residents had been consulted/helped plan their activity programme. The range of activities included social, community, cultural, religious, spiritual and creative events.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Boyd has been the manager in this home since 2018. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. Staff said the manager works tirelessly to make sure the residents get the very best care.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The clinical lead was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would listen and sort out the concern if she could. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and the quality of services provided by the home. This is good practice.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of the visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes' Minimum Standards (August 2021)**.

	Regulations	Standards
Total number of Areas for Improvement	0	2*

* the total number of areas for improvement includes two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)	
<p>Area for improvement 1</p> <p>Ref: Standard 8.7</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that the records of residents' personal property are updated with items brought into the residents' rooms. The records should be reconciled at least quarterly and signed by two members of staff.</p> <p>Ref: 5.1</p>
	<p>Response by registered person detailing the actions taken: This was stated on the inspection report relating to the inspection on 1/10/2020 but was to include valuable items only such as jewellery, electrical items, paintings ect. This was commenced and inventory kept of all valuables and this is reviewed each quarter. A list of other personal items such as clothing ect is held in the residents finance file. This will be signed by two members of staff on admission and if new items are added.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.2</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that all residents are issued with the new written agreement which addresses the financial areas required under the Residential Care Homes Minimum Standards (August 2021).</p> <p>Ref: 5.1</p>
	<p>Response by registered person detailing the actions taken: As new residency agreements will be issued for the new financial year 2022/23 the home manager will ensure these have been issued, returned with the correct signatures and filed in the individual finance file for each resident.</p>



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Quality Improvement
Authority

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