

Inspection Report

Name of Service: Sir Samuel Kelly Memorial Eventide Home

Provider: The Salvation Army

Date of Inspection: 25 February 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	The Salvation Army
Responsible Individual:	Mrs Glenda Roberts
Registered Manager:	Mrs Sharon Boyd
Service Profile – This home is a registered residential care home which provides health and social care for up to 56 residents. The home is registered to provide general health and social care for up to 22 residents over the age of 65, up to 30 residents living with dementia, a maximum of 2 residents with a mental health diagnosis and a maximum of 2 residents who are terminally ill. The home is based across two floors and separated into six wings; Lavender, Daisy, Primrose, Poppy, Bluebell and Buttercup. There are a number of communal spaces across the home. Residents have access to lounges and day rooms across the building.	

2.0 Inspection summary

An unannounced inspection took place on 25 February 2025, between 9.30 am and 6.00 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 27 February 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoken with who were able to make their wishes known generally provided positive feedback about their experiences living in the home. Residents commented positively about; the cleanliness of the environment, staff and the activities. Some of the comments shared by residents included; "the girls (staff) are very good, you can talk to them" and "if I need anything the staff try and get it for me."

It was observed that residents were offered choice about how they spent their day, for example; where they wanted to sit and where they preferred to take their meals.

Questionnaires returned from relatives indicated that the care provided to their relatives was; safe, effective, compassionate and well-led. Some of the comments shared in the questionnaires included; "the home is always warm, comfortable and clean" and "I am reassured that not only is my relative cared for, but cared by staff for the person she is."

Residents explained that they could have birthday parties with family/friends in their room or one of the lounges, could go out to church, local shops, or other activities in the community.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of systems in place to manage staffing. Whilst improvements were evident in the completion of duty rota's, the person in charge in the absence of the manager was not always clearly evident and agency staff member's full names were not always documented clearly on the duty rota. The previous area for improvement identified has been partially met and will be stated again for a second time.

There was evidence of a system in place to monitor staff compliance with mandatory training, however; improvements were required with regards to mandatory training, for example; moving and handling and Control of Substances Hazardous to Health (COSHH). Assurances were provided in writing following the inspection to confirm action has been taken to improve staff compliance with this.

Residents said that there was enough staff on duty to help them. Staff said there was generally good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Comments shared by one staff member regarding staffing levels and other comments were discussed with the management team and assurances were provided regarding the actions taken by the management team to address these.

One of the staff said, "I love working here, I treat residents like they're my family."

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

A sample of medication competencies were reviewed; it was not always evident that these assessments were reflective of individual staff member's assessments. Assurances were provided by the management team that a new system of assessing and completing competencies was in place. An area for improvement was identified.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

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. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. Whilst there was evidence of systems in place to monitor those residents with a Deprivation of Liberty Safeguard (DoLS) in place, improvements are required to ensure these systems are robust at identifying when a residents DoLS requires review and should evidence correspondence with the trust. A recommendation was made for the implementation of a restrictive practice audit to monitor systems in place which may restrict a resident's liberty, for example; alarm mats.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, their GP.

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 and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Observation of the planned activity the 'throw and name game' confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. The weekly programme of social events was displayed on the noticeboard and shared with residents and families advising of future events.

Residents' needs were met through a range of individual and group activities such as bingo, board games, arts and crafts or hand massage, hairdressing, one to one reading or listening to plays on the radio.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. 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.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There was evidence of some paintwork requiring repair, the management team confirmed there are ongoing refurbishments taking place.

There was evidence of a number of rooms being used outside of their original stated purpose, for example; a bathroom being used for storage. A variation had been submitted to RQIA to request a change from three bathrooms to storage rooms. There was evidence that changes had been made to these rooms without approval from RQIA. There was also evidence of another bathroom being used for storage which had not been notified or approved by RQIA. Two areas for improvement were identified. There was evidence that the bath which remains in use in the Poppy unit required review to ensure this can be cleaned effectively. Assurances were provided in writing following the inspection to confirm this would be reviewed.

The Fire Risk Assessment had been completed in the home on 16 January 2024 by an accredited fire risk assessor. The management team confirmed the actions outlined by the fire risk assessor had been completed within the agreed timeframes. The annual review of this fire risk assessment is currently undertaken in-house by the organisation's health and safety property team, who have a level 3 qualification in fire risk assessment. This arrangement is at variance with the process currently recommended by RQIA, and consideration going forward should be given to fully implementing this process.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Sharon Boyd has been the Registered Manager in this home since 31 August 2018.

Residents and staff commented positively about the management team which comprises of both the manager and deputy manager and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home. The home was visited each month by a representative of the registered provider. There was not always evidence of consultation with relatives or attempts to capture the views of relatives with regards to the running of the home. There was also evidence that these visits were not always unannounced. This was discussed with the management team and assurances were provided these visits would be unannounced moving forward. There was evidence of the reports of these visits completed and where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. The previous area for improvement relating to this has been met and a new area for improvement has been identified.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	4*

* the total number of areas for improvement includes one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sharon Boyd, manager, 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 29 (4) (a) Stated: First time To be completed by: 25 February 2025	<p>The Registered Person shall ensure when completing the monthly monitoring visits that there is evidence of attempts to capture relative's/visitors views on the running of the home.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: After discussion with A Greer, who completes the mothly reports, it was agreed going forward that relatives/visitors views would be sought and recorded. If there are no visitors or relatives present in the home during the visit she will contact one or two by telephone in order to gain their views/opinions..</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)	
Area for improvement 1 Ref: Standard 25 Stated: Second time To be completed by: 25 February 2025	<p>The Registered Person shall ensure the duty rota identifies:</p> <ul style="list-style-type: none"> • The full name of the staff member working • The shift patterns worked <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The rota is now updated to include the full name of staff members including Agency staff. It can also be cleary seen on the rota now who is in charge of the home in the absence of the HM/DM. The hours/time/shift worked is identifiable.</p>
Area for improvement 2 Ref: Standard 30.3 Stated: First time To be completed by: 25 March 2025	<p>The Registered Person shall ensure the assessments in place to determine staff's competency in the management of medications are an accurate assessment of each staff's competency.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Medication training is booked for 6/7 May 2025 during which individual competencies will be reviewed and updated to be more specific. Going forward this will be carried out for every staff</p>

	member administering medications during induction and during the required annual review.
Area for improvement 3 Ref: Standard 27.11 Stated: First time To be completed by: 25 February 2025	The Registered Person shall ensure no structural changes or changes to the use of the registered building are made without approval from RQIA. Ref: 3.3.4
	Response by registered person detailing the actions taken: The HM has given assurance that no structural changes will be made going forward without RQIA approval. A variation was submitted in July 2024 to convert 2 of the bathrooms into storerooms and another submitted in March 2025 to convert the third bathroom into a store. There are no plans to make any further structural changes.
Area for improvement 4 Ref: Standard 27.11 Stated: First time To be completed by: 25 February 2025	The Registered Person shall ensure that rooms are used within their original stated purpose. If required, a variation should be submitted to RQIA outlining the proposed change in purpose of the rooms or the rooms reverted back to their original stated purpose. Ref: 3.3.4
	Response by registered person detailing the actions taken: All rooms within the home are now being used for their intended purpose. After discussion with RQIA estates department, Mr P. Cunningham on 2/4/2025, the 3 bathrooms being used for stores are having the required work carried out to ensure they meet electrical, fire and legionella requirements. After this the required Fire and Legionella Risk Assessments will be carried out.

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews