

Inspection Report

27 February 2024



Sir Samuel Kelly Memorial Eventide Home

Type of service: Residential
Address: 39 Bangor Road, Holywood, BT18 0NE
Telephone number: 028 9042 2293

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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 Mrs Glenda Roberts	Registered Manager: Mrs Sharon Boyd Date registered: 31 August 2018
Person in charge at the time of inspection: Sharon Boyd	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: 48
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 into six units over two floors. Primrose, Lavender and Daisy are frail elderly units, located on the ground floor. Poppy, Bluebell and Buttercup are dementia units and are located on the first floor.	

2.0 Inspection summary

An unannounced inspection took place on 27 February 2024, from 9.45 am to 6.00 pm by two care inspectors.

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.

The home was warm and inviting, there were a number of communal spaces accessible to residents across the home.

It was evident that staff promoted the dignity and well-being of residents, this was observed through staff's interactions with residents and their response to requests for assistance. Staff provided care in a caring and compassionate manner.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Residents 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.

Four new areas requiring improvement were identified relating to; pre-employment checks, the duty rota, Infection Prevention Control (IPC) measures and the Control of Substances Hazardous to Health (COSHH).

RQIA were assured that the delivery of care and service provided in Sir Samuel Kelly was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Sir Samuel Kelly.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 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 was discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoken with provided positive feedback about their experiences in the home. One resident told us, “you can potter about and do whatever you like”, another said, “I love it in here”.

Residents commented positively about the staff and the support provided by staff. One resident told us “staff are very good.” Another resident told us, “it is a friendly place, staff are helpful.”

Staff told us they enjoyed working in the home, one staff member said, “I love it in here, I love the residents.” Staff told us they held themselves to a high standard regarding the care provided. Staff said they received good opportunities for training and that they focus on providing person centred care.

Six questionnaires were received from relatives of residents in the home. The feedback from the questionnaires told us that relatives were very satisfied that the care in the home was; safe, compassionate, effective and well led. Some of the comments shared in the questionnaires included; “all aspects of the care are superb and staff are excellent.” Another comment wrote, “the staff are amazing.”

A record of compliments received about the home was kept and shared with the staff team, this is good practice. One compliment wrote, “your staff could not have done enough, thank-you for your fantastic care.”

5.0 The inspection

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

Areas for improvement from the last inspection on 5 December 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 29 Stated: First time	The registered person shall ensure that the monthly monitoring report examines all aspects of the running of the home and includes consultation with residents, their relatives and staff and has a meaningful action plan in place where required.	Not met
	Action taken as confirmed during the inspection: The monthly monitoring reports did not always evidence consultation with residents, relatives and staff. Action plans were not identified or reviewed at the next monitoring visit. This area for improvement	

	has not been met and is stated for a second time.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 23.1 Stated: First time	The registered person should ensure that a record is kept to evidence that newly appointed and agency staff have completed a structured induction.	Partially met
	Action taken as confirmed during the inspection: There was evidence that a structured induction was in place for agency staff. However, inductions were not always signed by the agency staff member and inconsistencies were evident in the induction used. This area for improvement has been partially met and will be stated for a second time.	
Area for improvement 2 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that resident care records and risk assessments are reviewed and updated to reflect the individual assessed need of the resident in relation to modified diets.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. The pre-employment checks reviewed for one staff member did not evidence that all the checks had been completed prior to the staff member commencing work in the home. A discussion took place with the management team and an area for improvement was identified.

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

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 the management team. Comments made by staff regarding agency care assistants were shared with the management team for action as appropriate.

The staff duty rota did not always reflect the full name of the staff member and shift patterns were not clearly referenced. A discussion took place with the management team and an area for improvement was identified.

There was evidence of systems in place to ensure that staff who were required to be registered with the Northern Ireland Social Care Council (NISCC) had this in place.

The management team told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

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

Residents said staff were attentive to their needs. One resident told us, "staff are very patient, they are never unpleasant." Residents told us, staff were approachable and easy to talk to.

Relatives and those visiting the home commented positively about the staff. Visitors told us, staff were attentive to the needs of residents and that they were visible completing their duties across the home. Other visitors told us, "the staff are great."

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. For example, a resident presenting as distressed due to a stain on their jumper was observed being supported by a staff member to have this changed in a respectful and dignified manner.

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.

Examination of records and discussion with staff 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 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.

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. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

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.

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.

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. There was a relaxed atmosphere across the home, residents were observed to be seated in communal areas watching Church Services or television programmes dependent on their preferred choice.

Residents' bedrooms were personalised with items important to the resident. 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. There was art work on display along the corridors and communal spaces. Corridors were bright and spacious, free from obstruction.

Residents and visitors to the home told us the home was well maintained and kept clean and tidy.

The Fire Risk Assessment was completed on the 18 January 2024 by an accredited fire risk assessor. There was evidence that the actions were being completed in the timeframes identified by the fire risk assessor.

Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. However, it was observed that staff were not always compliant with Infection Prevention

Control (IPC) policy and procedures. A discussion took place with the management team and an area for improvement was identified.

There was evidence of rooms being used for storage which was not their original stated purpose. Assurances were provided by the management team that alternative storage space was requested and the areas identified would be reverted back to their original stated purpose. This will be reviewed at a future inspection. There was evidence of paint containers unlocked in one of the identified rooms, this was addressed by the management team at the time of inspection. An area for improvement was identified.

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 stay up late to watch TV. Could have birthday parties with family and friends in their room or one of the lounges, could go out to church, local shops, or other activities in the community.

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 by visiting musicians to the home. The range of activities included social, community, cultural, religious, spiritual and creative events. Visitors to the home told us there was a 'Strictly come dancing' event in the home at Christmas which the residents enjoyed. The hairdresser was in attendance at the time of inspection and residents were observed to be enjoying the input and time spent with the hairdresser.

Visitors told us they felt welcomed in the home and that staff were warm and friendly in their communication with them.

Residents were well presented; clean, neat and tidy, dressed appropriately for the time of year. Personal care was of a good standard.

5.2.5 Management and Governance Arrangements

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

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 manager (Sharon Boyd), 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 adults at risk of harm.

Residents and their relatives spoken with said that they knew how to report any concerns and said they were confident that the management team would manage these appropriately.

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.

It was established that the management team had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was evidence that the management team ensured that complaints were managed correctly and that good records were maintained. The management team told us that complaints were seen as an opportunity for the team to learn and improve.

Staff generally provided positive feedback about the management team and described them as supportive and approachable. One staff member told us, "it's one of the best places I've ever worked, from the top-down."

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 from these visits did not always evidence consultation with residents, relatives, or staff. Actions plans were not detailed and there was no evidence of the review of action plans to ensure these were correctly addressed. The previous area for improvement identified relating to this was not met and is stated for a second time.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	2*	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 29</p> <p>Stated: Second time</p> <p>To be completed by: From the date of the inspection (27 February 2024) and ongoing</p>	<p>The registered person shall ensure that the monthly monitoring report examines all aspects of the running of the home and includes consultation with residents, their relatives and staff and has a meaningful action plan in place where required.</p> <p>Ref: 5.1 & 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>This was discussed with A Greer, Assistant Director for OPS on 28/2/2024 and it was agreed that the complete RQIA template would be used to ensure all aspects required from the Reg 29 visit would be captured going forward. This is now in place.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1) (b) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (27 February 2024) and ongoing</p>	<p>The registered person shall ensure that a robust system for staff recruitment is implemented to ensure staff are recruited correctly. This relates specifically to:</p> <ul style="list-style-type: none"> • A full and complete employment history should be recorded and any gaps explored • The reasons for leaving should be recorded and if not; this should be explored • Physical and mental health assessments to be completed by all staff <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Gaps in employment records have now been accounted for and are in place in the individual personnel file. During the recruitment process all application forms will be checked for gaps and to ensure reasons for leaving employment are recorded and if any information is missing this will be addressed during the interview. Health assessment forms have been given to staff to complete and this will be included in the recruitment process going forwards</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<p>Area for improvement 1</p> <p>Ref: Standard 23.1</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection (27 February 2024) and ongoing</p>	<p>The registered person should ensure that a record is kept to evidence that newly appointed and agency staff have completed a structured induction.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Although Agency induction record sheets were in place these have been reformatted to ensure the Team Leader leading the shift takes responsibility for ensuring correct sign off once the induction is complete. All Team Leaders have been informed of the importance of completing these forms correctly and neatly. Deputy and Home manager to check this regularly.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be completed by: 26 March 2024</p>	<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: 5.2.1</p> <p>Response by registered person detailing the actions taken: The duty rota now has each staff members full name. The shift times are clearly typed on for each shift. This will be continued going forward.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 26 March 2024</p>	<p>The registered person shall ensure staff adhere to Infection Prevention Control measures, this is with specific reference to;</p> <ul style="list-style-type: none"> • The wearing of nail polish • Ensuring staff are bare below the elbow <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All staff have been made aware of the staff uniform and IPC Policy and Procedure which clearly states bare below the elbow at all times and no nail polish to be worn. Team leaders have been asked to check this at shift handover times. Deputy and Home manager will also spot check this regularly.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (27 February 2024) and ongoing</p>	<p>The registered person shall ensure all areas of the home to which residents have access are kept free from hazards to their safety. This is with specific reference to the room identified.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All items posing a hazard to residents have been removed from the building and stored outside the home. A storage container has been ordered to ensure safe storage of items not in use. Rooms not in use are kept locked.</p>

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