



Unannounced Care Inspection Report 1 October 2020



Sir Samuel Kelly Memorial Eventide Home

Type of Service: Residential Care Home (RCH)

Address: 39 Bangor Road, Holywood BT18 0NE

Tel no: 02890422293

Inspectors: Marie-Claire Quinn and Joseph McRandle

www.rqia.org.uk

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 residential care home registered to provide residential care for up to 40 residents.

3.0 Service details

Organisation/Registered Provider: The Salvation Army Responsible Individual: Elaine Cobb	Registered Manager and date registered: Sharon Boyd 31 August 2018
Person in charge at the time of inspection: Sharon Boyd	Number of registered places: 40
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 home on the day of this inspection: 29

4.0 Inspection summary

This unannounced inspection took place on 1 October 2020 from 09.45 until 16.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

RQIA received information which raised concerns in relation to care delivery in the home. In response to this information RQIA decided to undertake an inspection.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were considered during the inspection:

- Infection Prevention and Control (IPC) measures
- residents' and relatives' views
- care delivery
- staffing
- recording of care
- governance and management
- management of residents' finances.

Residents said, "This is a lovely home. Staff are keeping us safe with this virus."

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
Total number of areas for improvement	0	5

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sharon Boyd, manager, and Sharon Cushley, head of care, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

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.

The following records were examined during the inspection:

- care records of four residents
- daily care notes for two residents
- monthly monitoring reports dated 29 March, 29 April, 29 June and 24 July 2020
- a sample of thank you cards and compliments from residents relatives.
- two residents' finance files including copies of written agreements
- a sample of financial records including residents' personal allowance monies, residents' valuables, residents' fees and purchases undertaken on behalf of residents
- a sample of records of payments to the hairdresser and podiatrist
- a sample of records of monies deposited on behalf of residents
- a sample of records of residents' personal property

There were no areas for improvement identified at the last care inspection.

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 previous inspection(s)

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Infection Prevention and Control (IPC) measures

The home was very clean, tidy and décor was well maintained.

We noted some staining to the ceiling in one part of the home; management arranged for this to be repaired immediately.

There were no issues with the supply or availability of Personal Protective Equipment (PPE). Social distancing measures were in place where possible.

Good arrangements were in place to support residents with maintaining contact with their relatives, in line with current covid-19 guidance.

6.2.2 Residents' and relatives' views

The residents we spoke with were content living in the home. We observed relaxed and positive interactions between staff and residents throughout the inspection. Specific comments from residents included:

- “Staff are so good here, I have no complaints. They’re building another one of these homes which is good as it’s so lovely here.”
- “This is a lovely home. I have everything I need.”
- “I’m still very happy here. Staff are awful good. It really is a great home; I’m not just saying it!”

A number of questionnaires and ‘Tell Us’ cards were left in the home, for residents and/or their relatives to provide additional feedback following the inspection. One resident and one relative responded and stated they were very satisfied that the care in the home was safe, effective and compassionate, and that the home was well led.

6.2.3 Care delivery

Residents looked very well cared for and it was clear staff had taken their time to support residents to attend to their personal care and appearance.

The home have recently employed a hairdresser to work exclusively in the home. This arrangement has been risk assessed and agreed with resident's relatives, care managers and PHA. Staff told us, "It has really helped morale as residents weren't recognising themselves with long hair. Their moods have improved and you can see them taking more pride in their appearance."

There was evidence that staff took appropriate action regarding any changes to residents' health. This included escalating any concerns to multi-disciplinary professionals such as G.P., district nurses or Speech and Language Therapists.

Residents' religious, cultural and social needs continue to be well met in the home. Staff included a chaplain and activities co-ordinator. During our inspection, residents could choose to attend morning service or speak with the chaplain privately. In the afternoon, some residents enjoyed a game of bingo. Other residents were content with walking in the garden, chatting with their friends, knitting, reading or watching television.

Observation of practice and discussion with staff confirmed that residents were treated as individuals and were supported to have choice and maintain their independence:

- "It's important to support residents to do things themselves, if they can, for their self-esteem."
- "Our ethos is to make residents as comfortable and happy as possible."

6.2.4 Staffing

No concerns regarding staffing were raised by residents or staff during the inspection.

We saw care being delivered in a calm and unhurried way. Staff anticipated and responded to residents' needs in a prompt and caring manner.

Staff discussed their experiences during an outbreak of covid-19 in the home and spoke with great compassion about the impact this had on residents, their families and staff. Staff told us:

- "We knew residents needed us, that consistency of staff."
- "We did everything we could (to keep covid-19 out of the home). It was heart-breaking...(residents) families were so good and generous."
- "There is good team work and morale here."
- "The only thing we could improve here is if the pandemic was over."
- "I think staff are very committed and passionate. It was difficult (during the outbreak) but staff were vigilant. I've never felt unsupported by management."
- "It has been hard work and we have more responsibilities; it's been a huge learning curve, but we got through it due to the team work."

A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No staff responses were received following the inspection.

6.2.5 Recording of care

Review of care records was acceptable. Care records included sufficient detail to direct staff on residents' individual preferences, needs and wishes.

Management outlined the new system of online care recording currently being implemented in the home. Management were confident that the new system would increase efficiency and traceability of care records, while reducing duplication and freeing up care staff to focus more on residents' direct care.

We noted the use of assessment tools, such as Malnutrition Universal Screening Tool (MUST) and Waterlow score, retained in care records. These are clinical nursing tools, not routinely used in residential care homes. We asked the manager to review the use of these tools, in line with the home's registration and Statement of Purpose. As management were unable to confirm when staff received training on the use of these tools, an area for improvement has been made.

We also discussed the need to ensure that any care documentation used in the home fully reflects regional legislation and guidance, specifically in relation to the Mental Capacity Act (Northern Ireland) 2016.

6.2.6 Governance and management

The staff we spoke said they felt very well supported by management in the home, including additional well-being support following the covid-19 outbreak in the home.

Review of monthly monitoring reports confirmed there were good governance arrangements in the home. We did ask the home to increase their efforts to engage with residents' relatives for additional feedback during completion of monthly monitoring visits.

Discussion with management evidenced how learning from complaints was used to drive improvements in the home.

Compliments from residents' relatives were retained in the home. Comments included:

- "Thank you for the dedicated care and love. He (relative) trusted you at all times, great comfort knowing how happy he was."
- "(relative) had extremely happy times there. Never once did I feel worried as you and your team genuinely loved and supported him in every single way you could."
- "Thank you for making the experience of a parent in a care home bearable."

6.2.7 Findings from finance inspection

Financial systems and controls in place at the home regarding residents' monies were reviewed; these included the system for recording transactions undertaken on behalf of residents, the system for recording the reconciliations of residents' monies and valuables, the system for recording residents' personal property and the system for retaining residents' personal monies.

Monies held on behalf of three residents were counted, the amount retained agreed to the balance recorded at the home. A sample of valuables held on behalf of two residents was also taken; the recording and controls surrounding the management of the valuables were in line with the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The amount of monies held for one resident was discussed with the manager. Following the discussions the manager agreed to contact the home's head office to implement a revised

system for retaining the resident's monies. This was identified as an area for improvement under the standards.

It was noticed that monies held separately for one resident were not included in the quarterly checks of monies held on behalf of all residents. This was discussed with the manager and identified as an area for improvement under the standards.

A review of a sample of purchases undertaken on behalf of residents showed that in line with the Residential Care Homes Minimum Standards (August 2011) details of the purchases were recorded. Two signatures were recorded against each entry in the residents' transaction sheets and receipts were available from each of the purchases reviewed.

A review of two residents' property records evidenced that the records had not been updated or reconciled at least quarterly following the residents admission to the home. This was discussed with the manager and identified as an area for improvement under the standards.

A review of two residents' files evidenced that copies of signed written agreements were retained within both files. The agreements reviewed did not show the current weekly fee paid by, or on behalf of, the residents. The agreements provided details of the services included in the weekly fee and a list of the charges for additional services e.g. hairdressing.

It was noticed that newly admitted residents were issued with a updated agreement showing the current fees and addressed the financial areas required under the Residential Care Homes Minimum Standards (August 2011). A sample of existing residents' files evidenced that they were not issued with the new agreement. This was discussed with the manager and identified as an area for improvement under the standards.

A review of a sample of records of payments to the hairdresser and podiatrist showed that the required information was included in the records e.g. names of residents receiving treatment, details of the treatment provided and the cost of each treatment. The records were signed by both the hairdresser and podiatrist and countersigned by a member of staff to confirm that the treatments took place and the cost of each treatment.

Areas of good practice

Areas of good practice were identified regarding care delivery and staffing.

Areas for improvement

One area for improvement was identified during the care inspection in relation to staff training. Four additional areas for improvement were identified in relation to the management of residents' finances and property.

	Regulations	Standards
Total number of areas for improvement	0	5

6.3 Conclusion

The home was clean, tidy and warm.

We saw care being delivered promptly by caring and friendly staff.

Residents looked well cared for and were positive about their experiences living in the home.

Residents were offered choice, treated with dignity and respect and supported to maintain their independence where possible.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sharon Boyd, manager, and Sharon Cushley, head of care, 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 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	
Area for improvement 1 Ref: Standard 23.4 Stated: First time To be completed by: from the date of inspection	<p>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.</p> <p>Ref:</p> <p>Response by registered person detailing the actions taken: After discussion with the senior management team of Older peoples's Services and Altura on line training, training on Waterlow, Abbey and Must is being developed for those members of staff who use these assessment tools. Once this is developed this training will be completed as a matter of urgency. A new policy and procedure revised July 2020, on skin integrity is now in place.</p>
Area for improvement 2 Ref: Standard 20.10 Stated: First time To be completed by: 31 October 2020	<p>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.</p> <p>Ref: 6.2.7</p> <p>Response by registered person detailing the actions taken: The residents care manager was contacted in March 2020 and asked not to lodge any more money in this residents account held at head office (THQ). The residents money is to be held in the Belfast Trust finance department until the home requests it. No further deposits have been made since March 2020. The resident is now spending her money on a weekly basis and depleting the amount held here on site. The home will only withdraw a small amount from THQ when required to be kept in the homes safe. The money held at THQ (head office) is not held in a business account and is identified for the resident by a unique reference number. This is audited monthly and a report sent directly to the home.</p>
Area for improvement 3 Ref: Standard 15.12 Stated: First time To be completed by: 15 October 2020	<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>Ref: 6.2.7</p> <p>Response by registered person detailing the actions taken: The purse and money within was returned to the residents family on 15/10/20. Going forward any money handed in for safe keeping</p>

	will be added to the residents personal money held and audited monthly as per The Salvation Army policy.
<p>Area for improvement 4</p> <p>Ref: Standard 8.7</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2020</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: 6.2.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>An inventory of valuable items held by all residents has commenced and will be completed by 30/11/20. This is being completed and signed by two members of staff.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: The date of the next increase in residents' fees.</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 2011).</p> <p>Ref: 6.2.7</p> <hr/> <p>Response by registered person detailing the actions taken: Home manager and administrator will review all residency agreements and ensure that all residents are issued with a current residency agreement reflecting current charges. This will be actioned for the new financial year April 2021.</p>
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