

Inspection Report

19 January 2023



Sir Samuel Kelly Memorial Eventide Home

Type of Service: Residential Care Home
Address: 39 Bangor Road, Holywood, BT18 0NE
Tel no: 028 9042 2293

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: Glenda Roberts (Acting)	Registered Manager: Sharon Boyd Date registered: 31/08/2018
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: 37
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. On the ground floor, Primrose Meadows, Lavender Glen and Daisy. On the top floor Bluebell Wood, Buttercup Hill and Poppy. Each unit has their own dining and living areas.	

2.0 Inspection summary

An unannounced inspection took place on 19 January from 09:55am to 5:30pm 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.

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Residents had choice in where they spent their day either in their own bedrooms or in the communal rooms. Staff provided care in a compassionate manner and were sensitive to residents' wishes.

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.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

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 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.

4.0 What people told us about the service

Residents told us they were happy with the service provided. Comments included; "I wouldn't choose anywhere else" and "staff are first class, they go beyond the call of duty". Residents were positive about the cleanliness of the home and the care provided. The meal provision was described as "the food is very good, I am not a big eater, but there is plenty of it".

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Relatives stated they were satisfied with communication and all aspects of the care provided. Comments made by residents, staff and relatives were shared with the management team for information and action if required.

No responses were received from the resident/relative questionnaires.

No responses were received from the staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team.

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 14 February 2022		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 8.7 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 4.2 Stated: Second time	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).	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. Review of recruitment records evidenced that they lacked detail in regards to the induction received. The manager told us that agency staff received an induction to the home; however induction records were not available for review. This had been identified as an area for improvement.

Appropriate checks had been made to ensure that care workers maintained their registration with the Northern Ireland Social Care Council (NISCC) with a record maintained by the Manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

The staff duty rota accurately reflected the staff working in the home on a daily basis.

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

Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a 'handover' at the beginning of each shift to discuss any changes in the needs of the patients.

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' 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 health professionals. Residents' care records were held confidentially.

Review of residents' care records evidenced that care plans and risk assessments were reviewed on a regular basis. However, care plans and risk assessments for the management of modified diets in two identified residents were not reflective of current SLT guidance and required further clarification, this was discussed with the manager and an area for improvement was identified.

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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. During the lunchtime meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff spoken with were aware of the residents' nutritional needs and provided assistance and support as needed. There was a choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. Residents told us they very much enjoyed the food provided in the home. .

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic. Residents said that they were satisfied that the home was kept clean and tidy.

Observations confirmed that staff had been trained in infection prevention and control (IPC) measures and practices. For example staff were observed to carry out hand hygiene at appropriate times and to use masks, aprons and gloves (PPE) in accordance with the regional guidance.

The home's most recent fire safety risk assessment was dated 23 March 2021 with evidence that the actions had been addressed by the manager. Confirmation was received from the manager after the inspection that this assessment has since been reviewed on 6 February 2023.

5.2.4 Quality of Life for Residents

Residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time.

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to residents' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring resident privacy during personal interventions.

Activities were provided which involved both group and one to one sessions. Birthdays and holidays were also celebrated within the home. Hairdressing was regularly available for residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Sharon Boyd has been the registered manager since 31 August 2018.

Staff members 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 patients, care practices or the environment. Records confirmed that staff meetings were held regularly. Staff commented positively about the management team and described them as supportive and approachable.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

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 was identified as the safeguarding champion for the home.

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

The home was visited each month by a representative of the registered provider. These visits should examine all areas of the running of the home and include consultation with residents, their relatives and staff. Review of the reports completed evidenced that no consultation had been undertaken with residents, their relatives or staff. Additionally, none of the reports reviewed had a meaningful action plan. This was discussed with the manager and an area for improvement was identified.

There was a system in place to manage complaints.

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 Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Sharon Boyd, Registered 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 Stated: First time To be completed by: With immediate effect	<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: 5.2.5</p> <p>Response by registered person detailing the actions taken: On 9/2/2023 Assistant Director for Older People's Services, A Greer visited and we discussed the requirements of the Reg 29 inspection. It was agreed going forwards that all aspects of the monitoring visit would be completed. This will be reflected in the monthly report and and action plan agreed to ensure continuous improvement. This will commence from 7/3/2023, The reports will be printed and available for inspection.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 23.1 Stated: First time To be completed by: With immediate effect	<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: 5.2.1</p> <p>Response by registered person detailing the actions taken: A folder containing induction records for Agency staff has been set up and these are now being completed. All new staff are given their induction checklist and this is completed during the induction process. Staff members on induction are discussed at weekly management meetings and during supervision to assess progress. Areas completed during induction will be signed off by the person responsible for the induction process. Once induction is completed the form will be signed by the staff member and placed in their personnel file.</p>
Area for improvement 2 Ref: Standard 6.6 Stated: First time	<p>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.</p> <p>Ref: 5.2.2</p>

To be completed by: 28 February 2023	Response by registered person detailing the actions taken: This was amended immediately to ensure the correct information was on the care plan summary and in the care plan. All care plans are reviewed monthly and both Head of Care and Home Manager will ensure all areas of the care plan especially in relation to Texture modified diets are consistent throughout all relevant documents including summary, care plan and the nutritional risk assessment
--	---

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care