

Inspection Report

21 September 2023



Bawn Cottage

Type of Service: Residential Care Home
Address: 31a Main Street, Hamiltonsbawn, BT60 1LP
Tel No: 028 3887 0666

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Inspired 2 Care Ltd	Registered Manager: Mr Daire Sheridan
Responsible Individuals: Mrs Rosemary Dilworth	Date registered: 20 May 2021
Person in charge at the time of inspection: Mr Daire Sheridan	Number of registered places: 22
Categories of care: Residential Care (RC) MP - mental disorder excluding learning disability or dementia LD - learning disability LD (E) – learning disability – over 65 years	Number of residents accommodated in the residential care home on the day of this inspection: 18
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 22 residents. Accommodation is provided in single en suite bedrooms and all residents have access to communal spaces and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 21 September 2023 from 10.15am to 4.20pm, 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 found to be welcoming, clean and free from odours. Bedrooms were personalised and reflected items which were important to the residents.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. The residents were involved in activities of their choice throughout the day.

Staff interactions with residents were observed to be compassionate and supportive. Staff were found to be attentive to the needs of the residents.

Three new areas requiring improvement was identified during this inspection and one area for improvement was stated for the second time. This is discussed in the main body of the report and detailed in the quality improvement plan.

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 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 spoke positively about staff and their experience of living in the home. Residents talked about the staff being "good to them" and they said they were happy living in Bawn Cottage. A number of the residents talked excitedly about activity provision in the home. Residents described the staff as being helpful. The residents praised the food provision in the home saying that it was "nice."

Residents appeared content and settled in their environment and in their interactions with staff. Residents were able to walk around freely and could make their own choices and decisions. Compassionate interactions were observed between staff and the residents.

Staff reported that there was a good staff team in Bawn Cottage and they all worked well together. Staff commented that there was enough staff on duty to meet the needs of the residents. Staff were found to be knowledgeable of residents needs and preferences and they were able to provide support and reassurance to residents, when required. Staff spoken

with stated that the care provided to residents was important to them and was of a good standard. Staff reported that there was a greater focus on activity provision in the home.

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 2 May 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (2) (b) and (d) Stated: Second time	The registered person shall submit to RQIA a time bound action plan detailing how and when areas in the environment with décor and repair will be addressed. Ref: 5.1 and 5.2.3	Met
	Action taken as confirmed during the inspection: There was evidence in place to confirm that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 27 (2) (t) Stated: Second time	The registered person risk assess the following in accordance with current safety guidance with subsequent appropriate action; <ul style="list-style-type: none"> • All free standing wardrobes • All radiators / hot surfaces Ref: 5.1 and 5.2.3	Met
	Action taken as confirmed during the inspection: There was evidence in place to confirm that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 19 (2) Schedule 4 Stated: First time	The registered person shall ensure that the staff duty rota: <ul style="list-style-type: none"> • accurately reflects the staff working in the home and is maintained on an up to date basis • records the hours worked by the domestic and housekeeping staff 	Met

	<ul style="list-style-type: none"> where a staff member undertakes a duplicate role in the home; this must be recorded separately on the rota. <p>Ref: 5.2.1</p>	
	<p>Action taken as confirmed during the inspection: There was evidence in place to confirm that this area for improvement was met.</p>	
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) and (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where prescribed supervision arrangements are in place for the protection of residents; this should be implemented. In addition, the manager and staff should be knowledgeable in relation to this arrangement.</p> <p>Ref: 5.2.1</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence in place to confirm that this area for improvement was met.</p>	
<p>Area for improvement 5</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where prescribed supervision arrangements for residents are in place; detailed care plans should be in place and include the reason given for the required supervision and detail on what support is to be provided to the resident through the one to one support.</p> <p>Ref: 5.2.2</p>	Not met
	<p>Action taken as confirmed during the inspection: A review of the care plans confirmed that they lacked adequate information to outline the required supervision and detail on what support is to be provided to the resident through the one to one support.</p> <p>This area for improvement will be stated for the second time.</p>	

<p>Area for improvement 6</p> <p>Ref: Regulation 14 (2) (a) (b) and (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there is effective management of risk to residents. This relates specifically to:</p> <ul style="list-style-type: none"> the laundry door should be secured and inaccessible to residents any external doors should be secured to ensure safety at all times. <p>Ref: 5.2.3</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence in place to confirm that this area for improvement was met.</p>		
<p>Area for improvement 7</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there are robust management and governance systems in place to drive the necessary improvements.</p> <p>This relates specifically to the audit process and the completion of the monthly monitoring reports.</p> <p>Ref: 5.2.5</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence in place to confirm that this area for improvement was met.</p>		
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that updated staff training is provided for all staff in relation to Deprivation of Liberty Safeguards (DoLS)</p> <p>Ref: 5.2.2</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence in place to confirm that this area for improvement was met.</p>		

<p>Area for improvement 2</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all doors in the home are reviewed so as to reduce the risk of falls.</p> <p>Ref: 5.2.3</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence in place to confirm that this area for improvement was met.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a programme of meaningful activities is implemented for all residents. Where specific weekly planners are in place for residents; these should be followed in so far as possible.</p> <p>Ref: 5.2.4</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence in place to confirm that this area for improvement was met.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 1.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff adhere and practice the values and philosophy of care as outlined in the home's Statement of Purpose.</p> <p>Ref: 5.2.4</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence in place to confirm that this area for improvement was met.</p>		

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust 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. Competency and capability assessments were completed for the person in charge of the home in the absence of the manager.

Appropriate checks had been made to ensure that care workers with the Northern Ireland Social Care Council (NISCC) were appropriately registered.

Discussions with staff confirmed that they were knowledgeable in relation to specific details about the care of the residents. Staff advised that the residents' needs and wishes were very important to them. It was observed that staff were able to understand and interpret any individual behaviours as to their meaning and responded to requests for assistance promptly in a caring and compassionate manner.

Staff said that there was good team work. All of the staff commented that the residents were safe and well cared for in the home.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge on a daily basis and the manager's hours were recorded.

Residents spoken with reported that the staff and the manager were approachable and did not express any concerns in seeking support from staff reporting, "I like it here; I am safe in here."

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.

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 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.

The records in relation to the management of falls were reviewed. Examination of these records evidenced that the falls care plan/risk assessment were consistently reviewed and updated following a fall. This was identified as an area for improvement.

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. Staff had made an effort to ensure residents were comfortably seated. The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. The daily menu was displayed with an alternative readily available.

Staff described how they were made aware of residents' individual nutritional and support needs and how care records were important to ensure that modified food and fluids were provided to residents who needed this based on recommendations made by the Speech and Language Therapist (SALT). However, it was noted on one care plan where it reflected old

terminology and it was not in keeping with current International Dysphagia Diet Standardisation Initiative (ISSDI) guidance. In addition, it was unclear from the care plan which prescribed diet/level this resident required. This was identified as an area for improvement.

Staff were observed complying with speech and language recommendations providing direct supervision and support where this was an assessed need. It was noted that residents' needs in relation to nutrition and the dining experience were being met.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their admission to the home. Generally following this initial assessment, care plans were developed to direct staff on how to meet residents' needs. However, in relation to one resident who was recently admitted to the home; there was no detailed care plan completed. This was identified as an area for improvement.

Residents' individual likes and preferences were reflected throughout the records. Residents care records were held confidentially. Care plans included any advice or recommendations made by other healthcare professionals. Overall care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. However, it was noted on one care record where a resident required prescribed one to one supervision; this did not include the reason given for the required supervision and the detail on what support is to be provided to the resident through the one to one support. This area for improvement will be stated for the second time.

Records were in place to confirm regular multi-disciplinary communication and the outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was found to be warm and clean. Resident bedrooms were found to be personalised and contained items which were important to them. Discussion with the manager and inspection of the environment confirmed that a schedule of refurbishment was underway in the home. This included painting and the installation of new flooring. This work remains ongoing in accordance with the environmental action plan and will be monitored during future inspections.

An odour was identified in one identified bedroom. This was identified as an area for improvement.

It was observed that residents were able to walk around freely and had access to communal lounges and dining areas. Residents could choose where to sit and spend their time.

Corridors and fire exits were clear from clutter and obstruction. Review of the most recent fire safety risk assessment confirmed that this was completed on 3 October 2022. Any recommendations made as a result of this assessment were signed off as actioned.

Throughout the home there was evidence of accessible PPE and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct personal protective equipment (PPE) and to adhere to the correct infection control guidelines.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. It was observed that residents could have a lie and get up at a time of their choosing.

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

There was a programme of activities in place and the residents talked excitedly about this. A number of residents were going out to a planned activity while others were being supported to colour and engage in puzzles by staff, or listen to music of their choice. Staff were observed sitting with residents and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to watch television or engage in their own preferred activities.

Both staff and residents commented positively on the provision of activities stating that there was a greater focus on this and this was a positive improvement. Activities were found to be meaningful and personalised to the residents.

One resident stated, "there's lots to do" when discussing opportunities for activities and interaction.

5.2.5 Management and Governance Arrangements

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 said that the Manager was approachable, proactive and accessible.

There had been no change in the management of the home since the last inspection; Mr Daire Sheridan remains the registered manager of this home.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Where deficits were identified an action plan with time frames, the person responsible and follow up was completed.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

There was a system in place to monitor and report accidents and incidents that happened in the home.

There was evidence that complaints were managed correctly and that good records were maintained.

The home was visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine the running of the home. The reports of these 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.

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*	3

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Daire Sheridan, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: Second time</p> <p>To be completed by: With Immediate effect (21 September 2023)</p>	<p>The registered person shall ensure that where prescribed supervision arrangements for residents are in place; detailed care plans should be in place and include the reason given for the required supervision and detail on what support is to be provided to the resident through the one to one support.</p> <p>Ref: 5.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Care plan including prescribed supervision levels reviewed and amended to accurately reflect the agreed support. Care plan updated to include times and rationale for one to one support. Care plan to be reviewed and updated monthly. Any changes to support levels to be added to care plan.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December) (Version 1:2)	
<p>Area for improvement 1</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect (21 September 2023)</p>	<p>The registered person shall ensure that falls care plans and risk assessments are reviewed following a fall in the home.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A review of falls audit undertaken by Home Manager. Audits to continue on a monthly basis. Information derived from falls audits/ fall incidents should directly inform the relevant service user's care plan. Care plan to be reviewed and updated as required by management/ senior carer/ keyworker following a fall.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect (21 September 2023)</p>	<p>The registered person shall ensure that care plans are completed in a timely manner following admission to the home in order to direct care delivery</p> <p>In addition, care plans in regards to Speech and Language recommendations are clear and reflect the current IDDSI guidance.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Admissions protocol revised and shared with senior care team. Keyworker allocation list updated and care plan review matrix in place to monitor monthly reviews. Speech and Language information reviewed and updated via care plan, IDDSI levels checked to ensure care plan accurately reflects assessed guidance.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect (21 September 2023)</p>	<p>The registered person shall ensure that any malodours in the home are addressed.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Source of malodour identified and investigated. Discussion held with staff team around the cause of the malodour. One service user, new to the home, had been experiencing a high frequency of incontinence during the night. Following conversation with the service user, it was established that the service user had used a commode in her home environment. A commode was introduced to the bedroom which has improved the night incontinence. Further discussion held with service</p>

	<p>user in relation to laundry, as it had been identified that the service user was keeping clothes in her cupboard rather than taking them to the laundry to be washed. Staff continue to monitor the laundry/clothes and provide assistance.</p>
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