

Inspection Report

2 May 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: 20
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. The home is divided into two units; 17 residents are accommodated in the main area of the home and three residents who require a short break stay are accommodated in a separate area of the home. The manager manages both these services.	

2.0 Inspection summary

An unannounced inspection was undertaken on 2 May 2023 from 10.20am to 5.20pm, by a care inspector.

RQIA received information from Southern Health and Social Care Trust (SHSCT) which raised concerns; in response to this information RQIA decided to undertake an inspection which focused on the concerns raised.

Residents commented that they were happy in the home and staff members were kind to them. Residents were freely able to move around the home and could make their own decisions as to what they wanted to do or where they wanted to eat. They said that they enjoyed the food provided. We found staff to be knowledgeable in relation to the needs of the residents.

Enforcement action resulted from the findings of this inspection. During this inspection, concerns were identified in relation to the lack of robust managerial oversight and governance arrangements; with specific reference to the recording of the staff duty rota, care records, lack of meaningful activities, the provision of 1:1 supervision, risk management and the environment. These shortfalls had the potential to place residents at risk.

The responsible individual and the manager were invited to attend a serious concerns meeting with RQIA via video teleconference on 16 May 2023 to discuss the inspection findings and their plans to address the issues identified. During the meeting the responsible individual advised of the completed or planned actions to secure the necessary improvements and address the concerns identified during the inspection. RQIA were sufficiently assured that appropriate action has been taken to address the serious concerns identified during the inspection; the areas for improvement will be managed through the Quality Improvement Plan (QIP) in section 6.0.

Nine new areas requiring improvement were identified during this inspection and these are discussed within the main body of the report and Section 7.0. Two areas for improvement stated as a result of the previous inspection have now been stated for a second time.

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 quality improvement plan, 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

We met with all the residents in the home. We observed residents to be comfortable and noted that overall resident interactions with staff were respectful and choice was offered. Residents commented that they were happy in the home and staff members were kind to them. Residents stated "staff here are lovely, I love the food here" "I like this place, they are good to me" "I like it here, Daire is brilliant" and "this is my second time in here, I love it."

Some residents were happy to sit in communal areas; while others preferred their own company. Some residents were accompanied outside for a short walk.

Staff spoke positively about working in the home and advised there was good team work and communication within the home. Staff spoken with said “this a good staff team; we all help each other out.”

Staff reported that there was enough staff on duty and that the management team were supportive and approachable.

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 24 January 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 20 (1) (c) (l) Stated: First time	The registered person shall ensure all staff receive training in dysphagia.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 19 (5) Stated: First time	The registered person must ensure care records are maintained and stored in a safe and secure basis at all times.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for Improvement 3</p> <p>Ref: Regulation 27 (2) (b) and (d)</p> <p>Stated: First time</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: RQIA received a time bound action which outlined how areas within the environment would be improved. However, at the time of the inspection, limited progress had been made in relation to this. This is discussed further within the main body of this report.</p> <p>This area for improvement will be stated for the second time.</p>	<p>Not met</p>
<p>Area for Improvement 4</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: First time</p>	<p>The registered person risk assess the following in accordance with current safety guidance with subsequent appropriate action;</p> <ul style="list-style-type: none"> • All free standing wardrobes • All radiators / hot surfaces <hr/> <p>Action taken as confirmed during the inspection: There was no evidence of risk assessments completed in relation to the management of hot surfaces and free standing furniture, both of which are present in the home. This is discussed further within the main body of this report.</p> <p>This area for improvement will be stated for the second time.</p>	<p>Not met</p>

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 25.4 Stated: First time	The registered person shall undertake a review of ancillary hours provision (housekeeping and laundry) so these hours are sufficient to meet the numbers of residents and size and layout of the home.	Partially Met
	Action taken as confirmed during the inspection: Following the inspection confirmation was provided by the manager that a review of ancillary hours was undertaken. However, there was no evidence that the hours worked by ancillary staff was recorded on the rota. This is discussed in the main body of the report. This area for improvement (AFI) has been subsumed into an AFI under regulation.	
Area for improvement 2 Ref: Standard 12.4 Stated: First time	The registered person shall ensure the daily menu is displayed in an appropriate way so residents have knowledge of what is available for lunch and dinner.	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

We reviewed the staffing arrangements in the home. The staff duty rota recorded the full names and grades of staff and the manager's hours were recorded. The duty rota identified the person in charge in the absence of the manager. Competency and capability assessments were completed for the person in charge when the manager was not in the home.

However, there were two copies of the staff duty rota in place and neither of these accurately reflected the staff on duty in the home. The hours worked by the domestic and housekeeping staff was not recorded on the rota. In addition, we discussed with the manager about the need to ensure where a staff member undertakes a duplicate role in the home; this should be recorded as separate entries on the rota. These shortfalls were discussed during the inspection and at the serious concerns meeting on 16 May 2023. RQIA was advised that action was taken to address this matter. One area for improvement was made in this regard.

The management of 1:1 supervision arrangements was reviewed. Shortfalls were identified in regards to one resident who required one to one supervision, as agreed with the commissioning trust. There was no one to one provision in place for this resident on the day of the inspection. The lack of one to one support from staff resulted in the resident not being able to complete their daily structured timetable. In addition, there were discrepancies between the hours being provided by the home and the hours identified as needed by the commissioning Trust. These shortfalls were discussed during the inspection and at the serious concerns meeting on 16 May 2023. RQIA was advised that action was taken to address this matter. One area for improvement was made in this regard.

Staff told us that generally there was enough staff on duty to meet the needs of the residents. Staff reported that at times it can be difficult in the instance of short notice sick sickness; but alternative cover is usually sourced.

Staff reported that this was a supportive team and they all work well together. Staff advised that they could easily approach the manager and would be confident issues would be addressed.

Residents commented that “the staff are lovely and I love the food here” “I like this place; they are good to me” and “this is my second time in here; I love it and I can do what I want.”

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. It was observed that staff respected resident privacy by their actions such as knocking on bedroom doors before entering, discussing residents’ care in a confidential manner, and by offering personal care to residents discreetly.

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.

There was choice of meals being offered; the food smelled appetising, and good portions were provided. Residents told us they enjoyed the food provided in the home. Appropriate supervision and support was readily available from staff. Discussion with the cook pertaining to residents who required a modified diet demonstrated that they were knowledgeable in relation to residents’ assessed needs and International Dysphagia Diet Standardisation Initiative (IDDSI) terminology.

Shortfalls were identified in the management of care records. We found that there were two systems in operation for care records; paper copies and electronic records. The manager explained that this was due to the transition of care records to an electronic system. There was no time frame or plan in place for completion of the changeover.

This matter was identified within the monthly monitoring report in February 2023; however, on the day of the inspection little progress had been made with transitioning the records. The dual system of recording increases the risk for error in the recording and maintenance of care records. Information in relation to residents' care was difficult to find at the inspection. These shortfalls were discussed during the inspection and at the serious concerns meeting on 16 May 2023. RQIA was advised that all care records had transitioned and were now completed electronically.

When we reviewed the care records available we found that there were no care plans in place to detail the assessed needs of one resident requiring one to one supervision. There was no reason given for the prescribed supervision and no detail on what support was to be provided to the resident through this time.

RQIA were not assured in regards to the arrangements in place for residents experiencing a Deprivation of Liberty (DoL) or staff recognition of the restrictive nature of 1:1 support. These shortfalls were discussed during the inspection and at the serious concerns meeting on 16 May 2023. RQIA was advised that action was taken to address this matter. Two areas for improvement was made in this regard.

Residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a good standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was found to be warm. Resident bedrooms were found to contain items which were important to them. We 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.

We could see that fire exits and corridors were clear and free from obstruction.

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.

Shortfalls were identified in regard to the effective management of risk to residents. We observed the laundry door to be unlocked on a number of occasions throughout the inspection. This posed a potential risk to the safety and wellbeing of residents as the iron was still warm, and there were harmful substances easily accessible to residents.

The external door in the laundry room and two external fire doors on the ground floor were not secure. This raised concerns as residents who were unable to maintain their own safety outside of the home, or who were subject to a DoLS, could leave the home, without staff knowing, through the unsecured doors. These shortfalls were discussed during the inspection and at the serious concerns meeting on 16 May 2023. RQIA was advised that action was taken to address this matter. One area for improvement was made in this regard.

There was no evidence of risk assessments completed in relation to the management of hot surfaces and free standing furniture, both of which are present in the home. This area for improvement was stated for the second time.

A refurbishment plan was put in place following the previous care inspection on January 2023; limited progress had been made with the planned improvements. The overall environment remains tired with identified areas in need of repair. Furniture in two bedrooms was damaged; a door was missing from a wardrobe, carpets were stained and other furniture was worn and required replacement. Issues were observed with a number of areas of flooring; in one area there was a gap between the edge of the carpet and the edge of the laminate flooring; general dust and debris had gathered at the edges of the gap. The poor standard of décor and state of repair of some furniture within the home had the potential to impact on the well-being and dignity of the residents and their enjoyment of their home.

A number of doors within the home were found to be heavy closing. One resident stated that the doors were very noisy and that they were afraid of being knocked over, especially if they were carrying something. We observed another resident's door to have a towel in place so as to reduce the noise; this would mean in the event of a fire; this door would not close fully; this was brought to the immediate attention of the staff. These shortfalls were discussed during the inspection and at the serious concerns meeting on 16 May 2023. RQIA was advised that action was taken to address this matter. Two areas for improvement were made in this regard.

5.2.4 Quality of Life for Residents

We noted that where residents preferred to have a lie in or stay up late; this was facilitated by staff and staff were knowledgeable in relation to individual habits and preferences.

The atmosphere in the home was found to be very busy and, at times noisy. Some residents informed the inspector that they found it challenging and stressful to remain in communal areas due to the volume of noise and had to move to alternative areas in the home. There was no apparent cognisance on the part of management of the impact the noisy atmosphere was having on residents and no obvious measures in place to manage this.

We observed one resident being supported to celebrate their birthday. However, throughout the inspection there were no meaningful activities taking place to provide the residents with a sense of fulfilment and wellbeing. Whilst there was an activity schedule in place; there was limited evidence that this was being adhered to. Three residents were noted to have weekly activity planners in place; there was no evidence that this was being followed.

The attitude of one member of staff who was providing 1:1 supervision to a resident demonstrated a lack of understanding of the need to engage and support residents to enable them to have a meaningful day. There was also a general lack of understanding of the restrictive nature of 1:1 supervision.

These shortfalls were discussed during the inspection and at the serious concerns meeting on 16 May 2023. RQIA was advised that action was taken to address this matter. Two areas for improvement were made in this regard.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection; Mr Daire Sheridan is the registered manager.

Staff commented positively about the manager in the home and described them as supportive, approachable and always available for guidance. Staff said that the manager in the home is supportive when it comes to training and development.

It was established that there was 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.

Significant concerns were identified regarding the lack of robust governance and management oversight within the home which has the potential to place residents at risk. There was evidence that a 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 such as medication and care records; however audits were not effective in driving the improvements required.

The home was visited 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 of these visits were completed in detail. These are available for review by residents, their representatives, the Trust and RQIA. However these visits had also failed to drive the required improvements.

Deficits had been identified through audits and monitoring visits. These shortfalls were discussed during the inspection and at the serious concerns meeting on 16 May 2023. RQIA was advised that action was taken to address this matter. One area for improvement was made in this regard.

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	7*	4

* the total number of areas for improvement includes two areas that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr 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 27 (2) (b) and (d)</p> <p>Stated: Second time</p> <p>To be completed by: 31 July 2023</p>	<p>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.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: Time bound action plan submitted and discussed with RQIA inspector. All décor and repair issues on plan have been addressed and completed.</p>
<p>Area for Improvement 2</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: Second time</p> <p>To be completed by: 16 May 2023</p>	<p>The registered person must ensure that risk assessments are completed for free standing wardrobes and radiators/hot surface. Any actions identified must be addressed without delay.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: All service users have updated risk assessments regarding free-standing wardrobes and radiators/hot surfaces in place in their care plan.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 19 (2) Schedule 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the staff duty rota:</p> <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 • 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>Response by registered person detailing the actions taken: Staff duty rota accurately reflects staff on duty each day. Rota contains labels for ancillary roles including domestic staff.</p>

	Where a staff member undertakes a duplicate role, the rota includes a separate entry for each, i.e. cook/carer.
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) and (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that where residents are assessed as requiring 1:1 supervision that this is provided in accordance with the assessed needs of the residents.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: 1:1 support is in place as provided with the assessed needs of the service user. Daily allocation document updated to include the total provision of 1:1 supervision.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that detailed care plans, are in place for one to one supervision and include the reason for the required supervision and what support is to be provided to the resident.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Care plan and daily documentation updated to reflect the level of support that is currently in place for service user receiving one to one supervision.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 14 (2) (a) (b) and (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> the door into the laundry room is secured to ensure residents do not have unrestricted access to the laundry inaccessible to residents external doors are secured to ensure residents, subject to a DoLS cannot leave the home unsupervised. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Door into laundry room is locked and can be opened with used of a keypad. This measure has been implemented for health and safety purposes. Service users can enter the laundry room with the assistance of staff to do their own laundry should they choose. External fire door has an alarm fitted that notify staff if opened. Keyworker meetings ongoing with service user who exits the building using this entrance to the garden.</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2023</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>Response by registered person detailing the actions taken: Staff training updated for all staff. All staff in Bawn Cottage are up to date with DoLS training.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: 16 May 2023</p>	<p>The registered person shall ensure that a review is completed of the closing force of the automatic door self-closing devices on doors in an attempt to reduce the risk of falls and the noise level in the home.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Maintenance staff checked the closing force of all doors in the home. One door mechanism, which had been closing too quickly, has been reset to close in line with the rest of the doors in the home, thus preventing "slamming", particularly during the night.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</p> <p>To be completed by:</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>

31 May 2023	<p>Response by registered person detailing the actions taken:</p> <p>Activity co-ordinator has now been hired and is in post. A weekly activity schedule has been implemented in the home which displays what is happening throughout the day. Community outings have been taking place and more scheduled for the coming weeks/months. Person-specific activity planners are in place for some and currently being developed and implemented for all service users.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 1.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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>Staff must engage and support residents to enable them to have a meaningful day.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken:</p> <p>All staff members have been allocated and completed the "Meaningful Activities" online learning module on the internal e-learning platform. Supervision and team meetings have been completed and remain ongoing with all staff that highlights the philosophy of care in line with the mission statement, particularly in relation to improving the quality of life of the service user.</p>

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