

# Inspection Report

13 October 2021



## Bawn Cottage

Type of Service: Residential Care Home  
Address: 31a Main Street, Hamiltonsbawn, BT60 1LP  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Inspired 2 Care Ltd	<b>Registered Manager:</b> Mr Daire Sheridan
<b>Responsible Individuals:</b> Mrs Rosemary Dilworth	<b>Date registered:</b> 20 May 2021
<b>Person in charge at the time of inspection:</b> Mr Daire Sheridan	<b>Number of registered places:</b> 22
<b>Categories of care:</b> Residential Care (RC) MP - Mental disorder excluding learning disability or dementia LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 9
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 22 residents. The home is a large single storey detached building and all residents have their own bedrooms. All residents have access to communal spaces and an enclosed garden area outside.	

## 2.0 Inspection summary

An unannounced inspection took place on 13 October 2021 between 10.30am and 4pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm, clean and free from malodour. Staffing arrangements were found to be safe and adjusted if required. We observed that staff were professional and polite as they completed their duties and they told us they were supported in their roles with training and resources. It was obvious from interactions that staff knew the residents well and were familiar with their individual needs.

Residents were seen to be well cared for and said that living in the home was a good experience. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner. The feedback from residents confirmed that they were satisfied with the care and service provided in Bawn Cottage.

Two areas of improvement were identified during this inspection in regards to fire safety and care records.

RQIA were assured that the delivery of care and services provided in Bawn Cottage was safe, effective, and compassionate and that the service was well led.

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 registration information, the previous quality improvement plan 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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

### **4.0 What people told us about the service**

We met with nine residents and four staff either individually or in small groups.

Residents told us that they felt safe and well cared for. They described the home as being like a family and that staff were helpful and friendly. Residents stated that they enjoyed the food and there was always a choice of food available. Residents commented that they were able to make their own choices and decisions and were involved in their care. Nine questionnaires were returned from residents within the required timeframe. All of the responses received indicated that residents were satisfied with the care provided in the home.

Staff spoke positively about working in the home and advised there was good team work within the home. Staff said that the manager was very approachable and that they felt well supported in their role. Staff commented that the manager was keen to drive improvements in the home. Staff stated that the care provided in the home was “first class.”

## 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 04 March 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> First time	The registered person shall ensure the duty rota accurately reflects the staff working over a 24 hour period and the capacity in which they work.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the staff duty rota confirmed that it accurately reflected the staff on duty and the grades of staff was recorded.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time	The registered person shall ensure an internal environmental audit is completed and areas identified for improvement (including but not limited to those identified during inspection relating to paintwork, replacing the identified chairs and fixing the identified toilet seat) should be actioned accordingly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the responsible individual and the manager confirmed that a full internal audit was completed and a refurbishment plan with timeframes is in place to improve the overall environment.  An inspection of the environment confirmed that areas relating to the paintwork, identified chairs and an identified toilet seat had been addressed.	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 9.3 <b>Stated:</b> First time	The registered person shall ensure the epilepsy management plans for the two identified residents are reviewed and updated accordingly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of care records confirmed that care plans were in place for residents who required epilepsy management plans. These were found to be reviewed and up to date.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. There was a planner in place to ensure that staff received regular supervision and appraisal.

Review of a sample of employee recruitment records evidenced that robust systems were in place to ensure that residents are protected.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. The manager and staff told us that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff said teamwork was good and that the management team were approachable. Staff were seen to attend to residents' needs in a timely manner and to maintain residents' dignity by offering personal care discreetly. Residents were offered choices throughout the day, for example, where and how they wished to spend their time and what activity they wished to engage in.

Residents said that they felt safe in the home and that staff were always available and were kind to them.

## 5.2.2 Care Delivery and Record Keeping

Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. We observed staff to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering care with statements such as: "Would you like to..." or "Can I help you with..." and to knock on resident's bedroom doors to seek permission of entry. We observed residents able to walk around freely and light music was playing in the background.

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed. There was 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. Appropriate supervision and support was readily available from staff.

Staff told us how they were made aware of residents' nutritional needs to ensure that any recommendations made by Speech and Language Therapy (SALT) were adhered to. Care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs. 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 pre admission to the home. During this stage care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. Added to this, any advice or directions by other healthcare professionals was included in the assessment and care plans. Residents' care records were held safely and confidentially.

When we reviewed the care plans we noted that some care plans lacked specific details and information in regards to care delivery. This was discussed with the manager and the responsible individual and we were informed that electronic care records are being implemented in the next few weeks. This was identified as an area for improvement.

Residents' individual likes and preferences were reflected throughout the records. 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.

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 high standard and they were always involved in their care.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items that were important to them such as family photographs and ornaments. Communal lounges and dining rooms were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

We were advised that there is full programme of refurbishment in place with timescales. This includes extensive redecoration and replacement of furniture. It is anticipated this will commence soon.

Fire exits and corridors were observed to be clear of clutter and obstruction. However we observed fire doors which were not fully closing. This was identified as an area for improvement to ensure this is addressed.

The home's most recent fire safety risk assessment was completed on 2 September 2021. Any areas for improvement identified within this assessment are currently being addressed.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for residents and staff.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

### 5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Staff were seen to offer residents options regarding, for example, where to eat their meals, if they wanted to take part in activities and if they preferred to spend time in one of the lounges or in their own bedroom.

Staff were seen to be attentive to residents needs including their social well-being. A programme of activities was in place which mostly involved one to one time with residents or in small groups. We observed some residents engaged in puzzles and craft activities with staff while others were quite content to watch television. One resident was being supported by a staff member to have her nails painted. This was observed to be a heart-warming interaction between the two people.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

Two residents made the following comments; "I love it here, we are like a family" and I love it here, the staff are so good and so kind."

### 5.2.5 Management and Governance Arrangements

There has been a change in the management arrangements for the home since the last inspection. Mr Daire Sheridan is now the manager of Bawn Cottage. Staff were aware of who the manager of the home was and demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about resident care or staffs' practices.

Staff commented positively about the manager and described him as approachable and accessible. The staff spoke about the positive impact of the management arrangements on the home and that they manager is keen to drive improvements in the home.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Review of the home's record of complaints confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by 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 residents' next of kin, their care manager and to RQIA.

The home was visited each month by responsible individual 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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 6.0 Conclusion

Residents were supported by staff to have meaning and purpose in their daily life in Bawn Cottage; the interactions between residents and staff were warm and supportive with staff delivering care in a way that promoted the dignity of residents. Staff responded to the needs of the residents and provided support in a timely way.



Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team

## 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).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Rosemary Dilworth, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure that all fire doors are fully closing.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> Fire door closer and handle have been repaired. Fire door is now closing shut as per regulation.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> 13 November 2021	The registered person shall ensure that care plans are detailed and provide adequate information to fully inform staff in regards to care delivery.  Ref: 5.2.2  <b>Response by registered person detailing the actions taken:</b> Care plans have been updated to include all relevant information. Work is ongoing to transfer all care plans to online platform.

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



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