

Inspection Report

24 January 2023



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

Organisation/Registered Provider: Inspired 2 Care Ltd	Registered Manager: Mr. Daire Sheridan
Responsible Individual: 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: 16
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 residents. The home is divided in two units over one floor.	

2.0 Inspection summary

This unannounced inspection was conducted on 24 January 2023 from 10.15am to 3.10pm by a care inspector.

The inspection assessed progress with the one area of 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 previous area of improvement was reviewed and found to be met.

It was evident that staff promoted the dignity and well-being of residents. Staff provided care in a compassionate manner.

Residents said that living in the home was a good experience and that they felt happy with their life in the home. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Six areas requiring improvement was identified during this inspection. These were in relation to staff training, storage and security of care records, the environment, risk assessments, the provision of adequate ancillary staffing and display of the daily menu.

RQIA will be assured that the delivery of care and service provided in Bawn Cottage will be safe, effective and compassionate and that the home was well led in addressing these identified areas of improvement.

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.

The findings of the inspection were discussed with Mr Daire Sheridan at the conclusion of the inspection.

4.0 What people told us about the service

Residents said that they were happy with their life in the home, their relationship with staff, the provision of meals and the provision of activities. Two residents said; "Everything is very good. No problems. All is very peaceful and the food is excellent." and "This is a lovely place. I am doing very well."

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

No questionnaires were returned in time for inclusion to this report.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Bawn Cottage undertaken on 30 November 2021 by a medicines management inspector; no areas for improvement were identified.

Areas for improvement from the last care inspection on 13 October 2021		
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 6.2 Stated: First time	The registered person shall ensure that care plans are detailed and provide adequate information to fully inform staff in regards to care delivery. Action taken as confirmed during the inspection: Review of a sample of residents' care plans found these had such information in place.	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of two staff members' recruitment records, confirmed evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

The duty rota identified the person when the Manager was not on duty. Any member of staff who has responsibility of being in charge of the home in the absence of the Manager had a competency and capability assessment in place.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Northern Ireland Social Care Council (NISCC). These checks were maintained appropriately.

Staff said there was good team work and that they felt well supported in their role, were satisfied with staffing levels, training and support.

The Manager explained how staffing levels were being reviewed to meet the increased occupancy. An area of improvement was identified for a need to review ancillary staffing in the home.

Care staff were undertaking mixed duties roles with housekeeping and laundry and the actual allocation of specific housekeeping and laundry duties were not in keeping with the numbers of residents and size and layout of the home.

It was noted that staff responded to the needs of the residents in a timely way; and gave provision for residents with a choice on how they wished to spend their day.

There were systems in place to ensure staff were trained and supported to do their job. Staff training records confirmed that a range of mandatory and additional training was completed by staff on a regular basis. An area of improvement was made for staff to receive training in dysphagia, which had only been attended to by a small number of staff.

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents were observed to be polite, friendly and warm. 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. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery.

Care records were maintained which reflected the needs of the residents. Care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There was choice of meals offered, the food was attractively presented and portions were generous. There was a variety of drinks available. An area of improvement was made to ensure the daily menu is displayed in such a format that residents may have knowledge of what is for lunch and dinner.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what residents had to eat and drink daily. Residents who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. An area of improvement was made for staff training in dysphagia to be put in place.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails and / or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

An area of improvement was made in respect of the storage of care records in one unit of the home as these were accessible to anyone and were not secured or safe.

Daily progress records were kept of how each residents spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded.

The outcomes of visits from any healthcare professional were recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items important to the resident. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and tidy.

The décor in many areas of the home were tired in appearance. These included the dining room flooring, paintwork to corridors, bedrooms and lounges and repairs to bathroom walls and flooring. An area of improvement was made for a time bound action plan to be submitted to RQIA detailing when these issues will be addressed.

Cleaning chemicals were stored safely and securely.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment was dated 3 October 2022. There was corresponding evidence recorded of the actions taken in response to recommendations made from this assessment.

Issues of risk were identified with free standing wardrobes and radiators / hot surfaces. An area of improvement was made for these issues to be risk assessed in accordance with current safety guidance with subsequent appropriate action.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Residents

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

The genre of music and television channels played was appropriate to residents' age group and tastes.

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Two residents made the following comments; "I am well here. Everything is well run and I am grand." and "I like it here very much. Everyone (the staff) is very kind."

5.2.5 Management and Governance Arrangements

The Registered Manager of the home is Mr. Daire Sheridan.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly.

There was a system of audits and quality assurance in place. These audits included; residents' weights, falls and environmental cleanliness.

The Manager explained how he recognised that complaints were seen as an opportunity to for the team to learn and improve.

The home was visited each month by the 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.

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 the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	4	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr. Daire Sheridan, 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 20(1)(c) (l) Stated: First time To be completed by: 24 February 2023	<p>The registered person shall ensure all staff receive training in dysphagia.</p> <p>Ref: 5.2.1 and 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>All staff have been registered with our new online training platform. Dysphagia training has been made an essential training module that all staff must complete. Current statistics are 68% completed with remainder of staff given a deadline for completion by 12/03/23.</p>
Area for improvement 2 Ref: Regulation 19(5) Stated: First time To be completed by: 25 January 2023	<p>The registered person must ensure care records are maintained and stored in a safe and secure basis at all times.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Staff meetings & handovers included importance of confidentiality. All key holders supervised on keeping confidential information secure.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 27(2)(b) and (d)</p> <p>Stated: First time</p> <p>To be completed by: 24 February 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: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Tine- bound action plan completed and attached with QIP return.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27(2)(t)</p> <p>Stated: First time</p> <p>To be completed by: 24 February 2023</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 <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Individual risk assessments completed and implemented into service user's care plans. Environmental action plan also includes a time frame for radiator covers to be installed in the communal areas of the home, and in rooms that have been determined high risk.</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 25.4</p> <p>Stated: First time</p> <p>To be completed by: 24 February 2023</p>	<p>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.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Discussion held between management and COO to review ancillary hours. Housekeeping and laundry duties/ allocations reviewed and amended to suit the number of residents/size of home.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>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.</p> <p>Ref: 5.2.2</p>
<p>To be completed by: 31 January 2023</p>	<p>Response by registered person detailing the actions taken:</p> <p>Reminder communicated to staff through meetings/ handovers that daily menu is to be completed on a daily basis. Menu must also be displayed in repsite section of the home for main meals.</p>

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