

Inspection Report

8 and 10 February 2022



Poyntzpass Care Home

Type of Service: Residential Care Home
Address: 7 Tandragee Road, Poyntzpass BT35 6SL
Tel no: 028 3831 8847

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Armagh Care Services Responsible Individual: Mr Daniel McHugh	Registered Manager: Mrs Diane Clarke Date registered: 1 April 2005
Person in charge at the time of inspection: Mrs Diane Clarke	Number of registered places: 15
Categories of care: Residential Care (RC) 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: 15
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 15 persons living with a learning disability. The home is divided into three bungalows which each facilitate five residents. Each resident has their own bedroom and they also have access to communal lounges and secure outdoor spaces.	

2.0 Inspection summary

An unannounced inspection took place on 8 February 2022 from 10.40am to 4.45pm by a care inspector; an unannounced finance inspection also took place on 10 February 2022 from 10.15am to 4.00pm by a finance inspector. The findings of both inspections are contained in this report.

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

The home was warm and bedrooms were personalised with items important to the residents. We noted that staff were knowledgeable of the needs of the residents and observed staff to be polite and friendly as they completed their duties. Staff told us they were supported in their roles by the manager.

Residents were seen to be well cared for. There was evidence of staff giving attention to residents' personal care and dressing needs in a compassionate manner. The feedback from residents confirmed that they were satisfied with the care and service provided in Poyntzpass Care Home.

Areas requiring improvement were identified in relation to the environment, fire safety, infection prevention and control (IPC), access to records, staff duty rota, and finance records.

The findings of this report will provide the manager 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, 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 15 residents and four staff either individually or in small groups.

Residents told us that they were well cared for. They described the staff as being very kind to them. Residents stated that they enjoyed the food. Residents commented that there were lots of activities available in the home. Comments included: "The staff are very kind to me" and "I like it here; they are very good to me."

Staff spoke positively about working in the home and advised there was good team work between staff. Discussion with the staff confirmed that they were knowledgeable in relation to the specific needs of the residents. Staff said that the manager was very approachable and that they felt well supported in their role. Comments included: "The manager is very approachable; you could go to her about anything" and "There is enough staff on duty; we all work well together."

Six completed questionnaires were received following the inspection which indicated that residents were satisfied with the care provided 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?

The last inspection to Poyntzpass Care Home was a medicines management inspection which was undertaken on 12 August 2021; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Some staff records were not retained on site and were unavailable during the inspection; this is further discussed in Section 5.2.5.

There were systems in place to ensure staff were trained and supported to do their job. There was evidence in place to verify that staff received training in a range of topics including moving and handling, fire safety and adult safeguarding.

Competency and capability assessments had been completed for staff left in charge of the home when the manager is not on duty.

We reviewed information relating to staff registration with the Northern Ireland Social Care Council (NISCC) which was made available following the inspection and noted that all staff were either appropriately registered or in the process of registering with NISCC.

Staff said there was good team work; that they felt supported in their role and that they were satisfied with the staffing levels. The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the manager's hours were recorded. However, the staff duty rota did not record the grades of staff or who the person in charge was in the absence of the manager. This was identified as an area for improvement.

We considered the staffing arrangements in place so as to ensure the effective supervision of one identified resident; it was noted that while a staff member had been delegated to provide this supervision, their ability to effectively do so was reduced by having to carry out other care tasks at the same time. This was subsequently discussed with both the Responsible Individual and the relevant Health and Social Care Trust following the inspection for consideration and action, as needed.

Staff said that the residents' needs and wishes were very important to them. It was observed that staff responded promptly to requests for assistance in a caring and compassionate manner.

Residents said that staff came to them very quickly if they needed help, staff knew them well and knew how best to help them.

5.2.2 Care Delivery and Record Keeping

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 were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. Staff were observed to be prompt in recognising residents' needs and any early signs of distress, 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. During the inspection we observed staff competently and calmly reassure and redirect one restless resident.

Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering care. We observed residents able to walk around the home freely and 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. During the lunchtime meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff spoken with were aware of the residents' nutritional needs and provided assistance and support as needed.

There was 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. Meals were covered during transportation to residents who chose to have their lunch in their bedrooms. We discussed the serving of meals with the manager who confirmed that the current system of meal provision worked well.

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. Following admission, 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. In addition, any advice or directions by other healthcare professionals was included in the assessment and care plans. Residents' care records were held safely and confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care records were found to be person centred and detailed.

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.

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

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.

However, we noted that some areas of the home were either unclean and/or damaged for example, the surfaces of some furniture was worn, tiles were broken around sink areas and there were gaps in the flooring in the hallways. We observed cobwebs in some window areas and some windows were unclean and/or damaged. These matters were discussed with the manager and identified as an area for improvement.

The condition of wiring within one identified bedroom was also brought to the attention of the manager for appropriate action by the home's maintenance staff.

We also noted rust on fridge doors in two kitchen areas. There was a malodour in one bedroom and the flooring in this room was damaged. The manager confirmed this flooring was scheduled for replacement. The malodour was discussed with the manager and identified as an area for improvement.

We observed that refurbishment work was underway in the home; some bedrooms have been repainted and new bathrooms were installed.

The home's most recent fire safety risk assessment was completed on 31 August 2021. Any areas for improvement identified within this assessment were addressed. During the inspection we observed fire doors being propped open. This was discussed with the manager and identified as an area for improvement.

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 and discussion with staff confirmed that effective training on infection prevention and control measures and the use of Personal Protective Equipment (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.

However, we noted during the inspection that two staff were wearing gel nail polish, one staff member was wearing a wrist watch and none of the staff were 'bare below the elbow'. This was not in keeping with IPC guidance. Also, topical creams were stored inappropriately within two communal bathrooms. These matters were discussed with the manager and identified as an area for improvement.

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

5.2.4 Quality of Life for Patients

There was a homely atmosphere noted with residents seen to be comfortable, content and at ease in their environment and interactions with staff. It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

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. When we arrived at the inspection a number of the residents were out for a walk; the staff advised this is usually completed daily to improve the wellbeing of the residents.

We observed other residents watching television or others were involved in colouring activities. During the afternoon, some of the residents went out on a bus trip. The remaining residents went outside to a new interactive pod which has been built for the residents. The provision of this new facility is commended. Residents were able to move around the home freely and make their choices and decisions.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Diane Clarke is the registered manager of this home.

The manager was unable to access some staff records during the inspection as these are not retained in the home; such records included: staff selection and recruitment records; staff competency and capability records and evidence of staff registration with their professional body. This lack of availability was discussed with the Responsible Individual following the inspection and these records were subsequently provided to RQIA. This was identified as an area for improvement.

While staff registration with the Northern Ireland Social Care Council (NISCC) was being maintained by the Responsible Individual, it is important that the registered manager also retains effective and ongoing oversight of this aspect of staff management; this will be reviewed at a future inspection.

Discussion with the manager and review of the staff duty rota evidenced that improvements were needed in regard to the manager's working pattern; while the manager was regularly rostered to assist with care provision to residents, it is important that the manager has sufficient

supernumerary hours so as to maintain meaningful managerial oversight of the home; this will also allow the manager time to address those governance shortfalls noted in this report. The manager should also ensure that any managerial hours worked by her within the home are clearly indicated on the staff rota. This will be reviewed at a future inspection.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The responsible individual was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

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 her as approachable and accessible.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. 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 the registered provider's representative to consult with residents, their relatives and staff and to examine all areas of the running of the home. These were available for review by residents, their representatives, the Trust and RQIA.

5.2.6 Findings from finance inspection

A safe place was provided within the home for the retention of residents' monies and valuables. At the time of the inspection there were satisfactory controls around the physical location of the safe place and the members of staff with access to it. Records of monies held at the home on behalf of residents were up to date at the time of the inspection. No valuables were held in the safe place at the time of inspection.

A bank account was in place to retain residents' monies. A sample of statements from the bank account was reviewed, the account only contained residents' monies and was not used for the running of the care home. A sample of withdrawals identified from the bank statements was reviewed; the amounts withdrawn reflected the amounts recorded as lodged at the care home on behalf of residents.

Staff told us that reconciliations (checks) of monies held on behalf of residents (including monies retained in the bank account) were undertaken on a monthly basis. There were no records retained at the home to evidence that the reconciliations took place. The home's financial policies and procedures state that monthly reconciliations should be signed by two members of staff. This was discussed with staff and identified as an area for improvement.

Although no valuables were held at the time of the inspection records showed that monthly checks of the safe place was undertaken to confirm that no items were held. The records of the checks were signed by two members of staff.

Copies of two residents' written agreements were reviewed. The agreements included the details of the current weekly fee paid by, or on behalf of, the residents and a list of services provided to residents as part of their weekly fee. A list of services available to residents at an additional cost, such as hairdressing, was also included within the agreements. The agreements were signed by the resident, or their representative, and a representative from the home.

Review of records and discussion with staff confirmed that all residents' weekly fees were paid to the home by the Health and Social Care Trusts. Staff also confirmed that no resident was paying an additional amount towards their fee over and above the amount agreed with the Health and Social Care Trusts.

Discussions with the general manager confirmed that no member of staff was the appointee for any resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

A sample of purchases undertaken on behalf of residents was reviewed. The records were up to date at the time of the inspection. Two signatures were recorded against each entry in the residents' records and receipts were available from each of the purchases reviewed.

A sample of records of payments to the hairdresser was reviewed. Records were up to date at the time of the inspection. The records were signed by the hairdresser and countersigned by a member of staff to confirm that the treatments took place.

Discussion with staff confirmed that vehicles, owned by the home, were available for residents to undertake journeys. The miles undertaken for the journeys were recorded and subsequently invoiced to the residents at an agreed rate per mile. Records showed that the running costs for the vehicles were reviewed annually. The rate per mile was adjusted following the annual review to reflect the costs incurred. A sample of invoices raised for one resident was reviewed; the miles invoiced to the resident reflected the information recorded within the home's records. Signed agreements for using the transport scheme were retained in residents' files. The agreements also permitted residents to opt out of the transport scheme.

A sample of records of monies deposited at the home on behalf of residents was reviewed. Records were up to date at the time of the inspection. Receipts were provided to the person depositing the monies on behalf of the resident. A sample of residents' monies forwarded to the home from the Health and Social Care Trust was also reviewed. The amounts recorded as received on behalf of the residents agreed to the records forwarded from the Trust.

A sample of two residents' files evidenced that property records were in place for both residents. The records were updated with additional items brought into residents' rooms and when items were disposed of. The records were checked and signed by two members of staff at least quarterly.

Policies and procedures for the management and control of residents' finances were available for inspection. The policies were readily available for staff use. A review of the policies evidenced that they reflected the operational areas for managing residents' finances. The policies were up to date and reviewed at least every three years.

6.0 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
Total number of Areas for Improvement	4	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Diane Clarke, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

As a result of the finance inspection one area for improvement was identified in relation to retaining records of the monthly checks of monies held on behalf of residents. This area for improvement will be reviewed at a future inspection to ensure that it has been addressed.

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: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that all areas of the home are kept clean and in a good state of repair.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: On the day of inspection it was noted by inspector that a window was damaged. This was shown to her that it had been addressed in our monthly audit and had glass had been ordered to repair. It was not a risk to residents or staff. Inspector stated the surface of a chair was worn. This chair is replaced bi-monthly as the resident who sits in it continuously rocks. This was explained to the inspector on the day of inspection. There were no tears in the chair. This home is for adults with learning disabilities who have associated challenging behaviours and this is a symptom of his behaviour. We also took a photograph of the chair which can identify that the chair was discoloured but not torn. Domestic staff are on duty each day and the home is in excellent state of cleanliness. Our home is beside farmland where slurry is spread, animals live and also it is beside the Newry canal. This has an effect on our external windows which are cleaned every Friday.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that the practice of propping fire doors open is ceased with immediate effect. Where fire doors are required to be held open; an appropriate device should be installed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Where it is necessary to have doors propped open magnetic mechanisms are in place. In the bungalow in question one of our residents continuously props doors open unnecessarily. This is an on-going issue. Care plan is in place and our staff our constantly closing doors</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that all staff adheres to Infection Prevention and Control practices with particular reference to the deficits discussed in this report. In addition, topical creams for residents should be stored appropriately at all times.</p> <p>Ref: 5.2.3</p>

	<p>Response by registered person detailing the actions taken: When attending to personal hygiene all staff are bare below the elbow. Staff move from bungalow to bungalow and are able to wear cardigans when not attending personal hygiene. A supervision has been carried out with all staff to remind them not to be wearing jewellery. When attending to personal hygiene needs all staff wear gloves and aprons. The topical cream had been left by member of staff. This is not general practice. All home checks had not been carried out at this stage.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 19 (2) Schedule 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that all records are maintained in the home in keeping with Regulation. This should include: staff selection and recruitment records; staff competency and capability records and evidence of staff registration with their professional body.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: On inception of the home it was agreed with RQIA that selection and recruitment records could be maintained in our administrative office by our personnel officer in Richhill. This has always been the case. On the day of inspection the home manager stated to inspector that she could have the personnel files within 20minutes. Inspector responded that it was ok she would get them at a later date. They were subsequently given to her when requested. Competency and Capability assessments were also furnished to her when she requested. NISCC records were also furnished to her when requested.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that the staff duty rota records the grades of staff working in the home and the person in charge in the absence of the manager.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The duty rota has been updated to clearly identify the person in charge.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that the malodour in one identified room is addressed.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: The identified room where there was a malodour involves solely one resident due to incontinence. His behaviour has deteriorated since the commencement of COVID-19/lockdown. There have been many interventions from the multi-disciplinary team including clinical psychiatrist, behaviour support team, incontinence nurse, occupational therapist and physiotherapist. There interventions have all been implemented and followed; however the situation remains the same. Over the course of the past 12 months 2 3seater sofas have been replaced, the day room wooden floor has been replaced, the bathroom he uses has been upgraded twice, his bedroom floor has been replaced twice along with the skirting's, his bedroom floor has been replaced again following inspection. This is an on-going issue which we are dealing with. This was explained to the inspector on the day of inspector.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 15.12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that records are maintained to evidence that reconciliations of monies held on behalf of residents have taken place.</p> <p>The records should be signed by the person undertaking the reconciliations and countersigned by a senior member of staff.</p> <p>Ref: 5.2.6</p> <hr/> <p>Response by registered person detailing the actions taken: Reconciliations of monies held on behalf of the residents have taken place on a monthly basis and are signed by 2 members of staff in line with standards. This was evidenced on day of the inspection by the Inspector along with a 2year history of monthly reconciliations. On the day of the inspection the inspector recommended a detailed summary of the reconciliation be kept on file. This was put in place from the day of the Inspection.</p>

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