

# Inspection Report

## 29 November 2022



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

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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> Armagh Care Services  <b>Responsible Individual:</b> Mr Daniel McHugh	<b>Registered Manager:</b> Mrs Diane Clarke  <b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Turner Marlow (Senior Care Assistant) Daniel McHugh (Responsible Individual) for feedback	<b>Number of registered places:</b> 15
<b>Categories of care:</b> Residential Care (RC) 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> 15
<b>Brief description of the accommodation/how the service operates:</b> 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; 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 29 November 2022 from 09:45am to 3:35pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean, tidy and there was a welcoming atmosphere. Residents had choice in where they spent their day either in their own bedrooms or in the communal rooms. Staff provided care in a compassionate manner and were sensitive to residents' wishes.

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

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

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

Residents told us they were happy with the service provided. Comments included; "Staff are brilliant, we're like a family here" and "I've lived here for 11 years, it's great". Residents were positive about the meal provision and the care provided.

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

Comments made by residents and staff and were shared with the responsible individual for information and action if required.

Four responses was received from the resident/relative questionnaire indicating that they were were satisfied with the overall provision of care in the home.

No responses were received from the staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team.

## 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 08 February 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (2) (b) and (d)  <b>Stated:</b> First time	The registered person shall ensure that all areas of the home are kept clean and in a good state of repair.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 19 (2) Schedule 4  <b>Stated:</b> First time	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.	<b>Met</b>

	<b>Action taken as confirmed during the inspection</b> There was evidence that this area for improvement was met.	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time	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.  <b>Action taken as confirmed during the inspection:</b> This area for improvement has been partially met and is stated for a second time. This is discussed further in section 5.2.2.	<b>Partially met</b>
Area for improvement 2  Ref: Standard 27.1  Stated: First time	The registered person shall ensure that the malodour in one identified room is addressed.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 15.12  <b>Stated:</b> First time	The registered person shall ensure that records are maintained to evidence that reconciliations of monies held on behalf of residents have taken place.  The records should be signed by the person undertaking the reconciliations and countersigned by a senior member of staff.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	<b>Carried forward to the next inspection</b>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that there were systems in place to ensure staff were recruited properly to protect residents.

Appropriate checks had been made to ensure that care workers maintained their registration with the Northern Ireland Social Care Council (NISCC) with a record maintained by the manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota did not identify the person in charge when the manager was not on duty; this was identified as an area for improvement as a result of the previous inspection. This was discussed with the responsible individual and this area for improvement has been stated for a second time.

It was observed that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. Staff responded to requests for assistance promptly in a caring and compassionate manner.

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

### **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.

Residents' needs were assessed at the time of their admission to the home. Following an initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other health professionals. Residents care records were held confidentially.

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.

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 a 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.

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.

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

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable.

The majority of resident equipment was well maintained and clean. However, the underside of a small number of shower chairs had not been effectively cleaned. This was discussed with the responsible individual and an area for improvement was identified.

There was a malodour in two of the shower rooms. The responsible individual advised that this was due to how the shower piping had been fitted, the responsible individual confirmed that the showers in both rooms are scheduled to be replaced. This was identified as an area for improvement and will be reviewed at the next inspection.

The home's most recent fire safety risk assessment was dated 3 October 2022. An Action Plan was in place to address the recommendations made by the fire risk assessor. Discussion with the responsible individual confirmed that they were addressing all of the recommendations. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

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

### **5.2.4 Quality of Life for Residents**

Residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time.

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Residents advised that activities were provided which involved both group and one to one sessions. Resident meetings were held on a monthly basis where residents were given an opportunity to discuss activities and outings arranged by the Home. On the day of inspection, a number of residents had gone out for lunch in the bus. Staff advised that walks and bus trips are usually completed daily to improve the wellbeing of the residents. Birthdays and holidays were also celebrated within the home.

Visiting arrangements were in place in line with the current guidance in this area.

Residents said that they felt staff listened to them and would make an effort to sort out any concerns they might have.



### 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.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Records confirmed that staff meetings were held regularly. Staff commented positively about the management team and described them as supportive and approachable.

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.

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 safeguarding champion for 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 patients' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the responsible individual (RI) 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.

There was a system in place to manage complaints.

### 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' Minimum Standards (August 2011)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	3*

\* the total number of areas for improvement includes one standard that has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Daniel McHugh (Responsible Individual) 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 Minimum Standards (August 2011)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	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.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b> Off duty identifies all grades of staff. The person in charge has been identified by an asterisk.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that a system is in place to ensure shower chairs are effectively cleaned between each use with particular attention paid to the underside of the seat.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> All shower chairs are effectively cleaned between each use.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 20 February 2022	The registered person shall ensure that the malodour in the identified shower rooms is addressed.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> As witness by the Inspector, all bathrooms have been refurbished apart from 2 which are being completed in the early part of 2023. Bathrooms are clean. The malodour appears to be a problem with underfloor pipework which will be addressed when the floors are lifted during said refurbishment.

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



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