



Inspection Report

Name of Service: Redford

Provider: Redford Residential Care Homes Limited

Date of Inspection: 7 October 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Redford Residential Care Homes Limited
Responsible Individual	Mr John Wallace
Registered Manager:	Mrs Paula Douglas
<p>Service Profile</p> <p>This home is a registered residential care home which provides health and social care for up to 30 residents. The home is registered to provide care for residents over 65 years of age and those with physical disabilities who are over 65 years of age. The home is registered to provide care for up to six residents living with dementia.</p> <p>The home is based across one level and has a range of communal areas and spaces across the home which residents have access.</p>	

2.0 Inspection summary

An unannounced inspection took place on 7 October 2024, between 10.00 am and 5.25 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 28 September 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents generally 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. Refer to Section 3.2 for more details.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection seven areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoken with who were able to make their wishes known, said they enjoyed residing in the home and that the staff were supportive and approachable. Some of the comments shared by residents included; "I have no complaints, I'm very happy in here" and "the manager is very good to me and to us all."

Residents provided positive feedback about the food and the environment, one resident said "the place is immaculate." Residents said they were provided with choice throughout the day and could choose where to spend their days for example; if they wanted to spend time alone they could go to their rooms.

Questionnaires returned by one resident confirmed that they were satisfied that the care provided in the home was; safe, effective, compassionate and well led. Some of the comments shared in this feedback included; "I have found the care here so good. I have got to know all the staff and appreciate their company. We have some good laughs as well." Other comments regarding the environment were shared with the manager for review and action as appropriate.

One relative spoken with said they were happy with the care their family member was receiving in the home and that the staff were approachable and supportive.

Questionnaires returned from relatives indicated that they were satisfied that the care their relatives were receiving was; safe, effective, compassionate and well led. Some of the comments shared in this feedback included; “the care given by all staff is of a very good standard. I can leave my relative and know that they are being well looked after and cared for.”

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of systems in place to manage staffing. The manager confirmed a date had been scheduled for staff to attend moving and handling practical training. This will be reviewed at a future inspection. A recommendation was made for the manager to include full details of the dates staff are required to pay their annual fee to remain registered with the Northern Ireland Social Care Council (NISCC).

Residents said that there was enough staff on duty to help them, comments shared by residents relating to the staff included; “the staff are all very well mannered” and “I love it in here, if I need anything I just ring the wee bell and staff come.” Other comments made by a resident regarding staff were shared with the manager for review and action as appropriate.

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

It was noted 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. For example, one resident who preferred to spend time in their bedroom after the lunchtime meal was supported with this.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents’ needs and any early signs of distress or illness, 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.

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 also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems

were in place to safeguard residents and to manage this aspect of care. A recommendation was made for the implementation of a restrictive practice audit.

Examination of care records and discussion with staff and the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager confirmed that there were systems in place to manage residents' nutrition and mealtime experience.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Observation of the planned activity involved a visit from "wee critters", this was observed taking place in the afternoon. Residents appeared to be engaged and enjoying this experience. Consultation with staff confirmed that they knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The weekly programme of social events was displayed on the noticeboard advising of future events. There was also evidence of autumnal displays including artwork completed by the residents along the corridors.

Residents' needs were met through a range of individual and group activities such as bingo, board games, one to one reading or listening to the radio.

3.3.3 Management of Care Records

Residents' needs are required to be assessed by a suitably qualified member of staff prior their admission to the home. There was not always evidence of these assessments maintained in residents care files; assurances were provided by the manager that these were completed. An area for improvement was identified.

Assessments were evidenced as completed and reviewed regularly, a discussion took place with the manager to ensure assessments are holistic and consider an individual's; physical, social, emotional, psychological and spiritual needs.

There was evidence of care plans developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. One residents care file did not evidence the management plan in place to direct the care required for a resident who required specialist equipment. An area for improvement was identified.

Residents care records were held confidentially.

Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was generally clean and tidy. The outdoor garden area required further works to ensure this is safe for residents to access. A malodour was evident in one area of the home; assurances were provided by the manager that plans were in place to address this. The manager confirmed there are ongoing refurbishment plans across the home to include; the outdoor garden area, general environment and the laundry area. A copy of the refurbishment plan to confirm the timescales for these repairs was requested to be submitted to RQIA following the inspection. An area for improvement was identified.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, warm and comfortable. There was evidence of flowers, newspapers, snacks and drinks available across the home.

There was evidence of two doors propped open during the inspection; this was addressed immediately by the staff. An area for improvement was identified.

A Fire Risk Assessment had been completed in the home on 5 February 2024 by an accredited fire risk assessor and the overall risk was assessed as tolerable.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Paula Douglas has been the manager in this home since 14 October 2021.

Residents, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

The home was visited each month 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. There was not always evidence of the previous action plans being reviewed as part of these visits or evidence of these actions being completed. An area for improvement was identified.

Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

A record of compliments was maintained in the home and shared with the staff team. This is good practice. Some of the comments shared included; “the caring and sympathetic way my relative was looked after was excellent and second to none.”

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	5*

* the total number of areas for improvement includes one standard which has been carried forward for review at the next inspection.

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

Findings of the inspection were discussed with Paula Douglas, manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (d) (i) Stated: First time To be completed by: 7 October 2024	The Registered Person shall ensure the practice of propping doors is ceased immediately. Ref: 3.3.4 Response by registered person detailing the actions taken: All staff have been reminded that no doors should be propped open as per health & safety guidance.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)	
Area for improvement 1 Ref: Standard 18 Stated: First time To be completed by: From the date of inspection (5 September 2024)	The registered person shall review the management of medicines prescribed for use 'when required' for distressed reactions, to ensure that care records include sufficient detail and the reason and outcome of each administration is recorded. Ref: 2.0 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.
Area for improvement 2 Ref: Standard 3.4 Stated: First time To be completed by: 7 October 2024	The Registered Person shall ensure that a pre-admission assessment is completed prior to any resident being admitted to the home. These must be recorded, dated and signed. Ref: 3.3.3 Response by registered person detailing the actions taken: All new residents will require a pre-admission assessment to be completed before admission. These will be signed & dated and will be available in residents care file for future reference.

<p>Area for improvement 3</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 7 October 2024</p>	<p>The Registered Person shall ensure that care plans are drawn up to direct the care required specific to individuals assessed need.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: Care plans have been reviewed and are designed specifically to the residents individual needs.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2024</p>	<p>The Registered Person shall submit a time-bound rolling refurbishment plan to RQIA outlining the plans for repair to those areas required.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: There are on-going refurbishments scheduled to update the laundry room and external grounds. This plan has been shared with RQIA.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 7 October 2024</p>	<p>The Registered Person shall ensure monthly monitoring reports evidence;</p> <ul style="list-style-type: none"> • A review of the actions identified at the previous visit • Any action taken by the manager to implement and drive improvements identified during the visit <p>Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: Monthly monitoring reports will include review of previous months action plan and will have written documentation to include if the actions have been met or unmet.</p>

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



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