

Inspection Report

29 August 2024



River House

Type of service: Residential Home
Address: 131 Central Promenade, Newcastle, BT33 0EU
Telephone number: 028 4372 3206

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Presbyterian Council of Social Witness	Registered Manager: Mrs Lisa Taggart
Responsible Individual Mr Dermot Parsons	Date registered: 5 April 2024
Person in charge at the time of inspection: Mrs Lisa Taggart	Number of registered places: 29
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 27
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 29 residents. Residents bedrooms are located over two floors and all residents have access to the communal lounge areas, bathrooms, a large dining room and to the garden area at the rear of the house.	

2.0 Inspection summary

An unannounced inspection took place on 29 August 2024, from 9.30 am to 5.00 pm by two care inspectors.

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

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were observed spending time with residents, chatting to them and completing daily living tasks in a respectful manner.

Residents told us that they were happy in River House and spoke highly of the staff team.

Staff told us that River House was a good place to work, there was a good sense of teamwork and that the manager was approachable and supportive.

Specific comments received from residents and staff are included in the main body of this report.

Areas for improvement were identified and will be managed through the home's Quality Improvement Plan (QIP), details of which are in Section 6.0.

RQIA were sufficiently assured that the delivery of care and service provided in River House was safe and compassionate and that the home was well led.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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

Residents told us that they were happy in River House and described the staff as "very good." Residents' comments included, "the staff are very good, they are all very helpful." Residents who were unable to clearly voice their opinions were observed to be comfortable in their surroundings and in their interactions with staff.

Staff spoke positively in terms of the provision of care in the home. One staff member said “It’s like family here, we all work well together, the residents are well cared for.”

All staff spoken to highlighted the importance of taking a person centred approach when working alongside the residents.

Five questionnaires were received from residents’ following the inspection. All respondents confirmed that they were happy with the care provided in the home, one respondent said, “I feel very safe.”

No additional feedback was received from relatives or staff following the inspection.

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 23 January 2024		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 14 (2) (a) Stated: Second time	The registered person shall ensure that all parts of the home to which residents have access, are free from hazards to their safety. This is specifically in reference to access to cleaning fluids.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 31 Stated: First time	The registered person shall ensure that the controlled drug record book is completed in line with the Standard Operating Procedures and that correction fluid is not used.	Carried forward to the next inspection
	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 31 Stated: First time	The registered person shall ensure that a full and accurate record of all medicines received into the home is maintained.	Carried forward to the next inspection
	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 3 Ref: Standard 6.6 Stated: Second time	The registered person shall ensure that all care plans are kept up-to-date and reflects the residents' current needs.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 4 Ref: Standard 5.5 Stated: First time	The registered person shall ensure that all risk assessments are kept under review and amended as changes occur to accurately reflect the needs of the residents.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 5 Ref: Standard 6.3 Stated: First time	The registered person shall ensure, the resident, or their representative, where appropriate sign the care plan along with the member of staff responsible for drawing it up and the registered manager.	Met
	Ref: 5.2.1 Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

The manager had a system in place to monitor staff's registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were registered with NISCC.

There were systems in place to ensure that staff were trained and supported to do their job. Staff demonstrated good knowledge of their roles and responsibilities regarding adult safeguarding.

The staff duty rota accurately reflected the staff working in the home on a daily basis including the capacity in which they worked.

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, staff were observed spending time with residents in the lounge areas or in their bedrooms chatting and joking with them.

One resident told us "the staff are very good, they looked after me when I felt unwell." Other comments from residents included, "the staff are very helpful" and "the staff are all lovely, they do a great job."

Residents and staff spoken to expressed no concerns regarding staffing arrangements within the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Observation of practice, review of care records and discussion with staff and residents established that staff were knowledgeable of individual residents' daily routine, wishes and preferences.

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.

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. The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

The lunchtime experience appeared to be disjointed, for example, only one choice of meal was displayed and although staff told us that residents were offered alternative options, neither staff or residents were aware of what the choices were. This was discussed with the manager and an area for improvement was identified

There was limited oversight with regards to safety during the mealtime experience, for example there was a lack of supervision for some residents, with one resident receiving three meals. In addition to this staff knowledge of IDDSI terminology was not always reflective of individual assessed need, one staff member was unable to appropriately identify the correct IDDSI levels during the mealtime experience.

Furthermore, agency handover sheets did not accurately reflect residents' speech and language (SALT) requirements and the SALT file held in the kitchen was not up to date. This was discussed with the management team and an area for improvement was identified.

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 admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were maintained, reviewed and updated to ensure they continued to meet the residents' needs. 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.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

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. However, some supplementary documentation had not been updated to match the information reflected in the care plans; for example, personal care charts were not being filled in regularly as to when personal care had been completed. This was discussed with the management team during feedback and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy. Residents bedrooms were personalised with photographs and other items or memorabilia.

Corridors were clean and free from clutter or hazards. Fire doors were unobstructed and areas containing items with potential to cause harm such as the cleaning store and sluice rooms were appropriately secured.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that the systems and processes were in place to ensure the management of risks associated with infections. For example, there was ample supply of Personal Protective Equipment (PPE) provided for staff. However, staff did not demonstrate full adherence to regional guidance and best practice. During the lunchtime meal staff did not change their aprons when re-entering the dining room and they did not take the opportunity to demonstrate hand hygiene measures at the appropriate times, in addition to this staff were observed wearing nail polish. This was discussed with the manager for action and an area for improvement was identified.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

The activity schedule was on display for residents to observe, however these activities were limited. This was discussed with the manager who informed us that the activities co-ordinator had recently left and plans were in place to recruit a new activity co-ordinator. The manager agreed to review the activities in the home. Therefore, an area for improvement was not identified at this time and this will be reviewed at the next inspection.

An end of summer bar-b-cue had been arranged for the residents and their families and residents told us that they were looking forward to this.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Lisa Taggart has been the manager of the home since 17 April 2023.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. However; there was no evidence that required actions identified on some of the audits had been followed up or reviewed, to ensure the quality of care and standards were maintained. This was discussed with the management team during feedback and an area for improvement was identified.

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 safeguarding lead for the organisation 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 adults at risk.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would address any concerns raised.

Staff 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 residents, care practices or the environment.

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.

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. 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. Discussion with the management team confirmed that the format for these reports are currently being reviewed.

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' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	0	7*

* the total number of areas for improvement includes two standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 (December 2022) (Version 1:2)	
<p>Area for Improvement 1</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that the controlled drug record book is completed in line with the Standard Operating Procedures and that correction fluid is not used.</p> <p>Ref: 5.1</p> <p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that a full and accurate record of all medicines received into the home is maintained.</p> <p>Ref: 5.1</p> <p>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.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall review the dining experience for residents to ensure that the daily menu is correctly displayed in a suitable format and that all residents and staff are aware of the choices offered.</p> <p>Ref: 5.2.2</p>

<p>To be completed by: 30 September 2024</p>	<p>Response by registered person detailing the actions taken: The Service Manager and deputy Manger held a meeting with Mount charles catering staff 19/09/2024 to discuss the daily menu and displaying the choices on the whiteboard in the dining room, catering staff to inform seniors and care staff of the choices available in a timely manner. catering staff to ensure whiteboard in dining room is updated everyday within a reasonable time Service Manager/deputy will include a survey of the whiteboard when completing the daily walk around to ensure menu and whiteboard are in line.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12.10</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2024</p>	<p>The registered person shall ensure the all residents receive the right supervision and support at mealtimes and that documentation in relation to SALT requirements is kept up to date and accurate.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The service manager/ deputy manager have appointed a meal co-ordinator to oversee the dining room, delagate staff supervising residents with SALT requirements. the meal co-ordinator is responsible to ensure the SALT requirements are up to date on a daily basis. the service manager/ deputy manager audit the SALT File in the kitchen and senior offices weekly to ensure safe practice. Safely huddles at midday discuss SALT Requirement for residents with recommendations. The service manager and deputy will complete compency assessments for all staff appointed as Meal co-ordinators this will be completed by 27/09/2024. All staff to complete online training for eating/drinking and swallowing difficulties,what is choking dysphagia awareness,this will be completed by 17/10/2024</p>
<p>Area for improvement 5</p> <p>Ref: Standard 22.4</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2024</p>	<p>The registered person shall ensure that supplementary documentation in relation to personal care requirements is kept up to date and accurate.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Service Manager /deputy have implemented personal care audits weekly to ensure all staff are completing daily notes and personal care records, All staff to complete online training for record keeping this will be completed by 17/10/2024</p>

<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2024</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing and appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <p>Ref 5.2.3</p>
<p>Area for improvement 7</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2024</p>	<p>Response by registered person detailing the actions taken:</p> <p>Daily walkaround, weekly hand hygiene audits and monthly dining experience audits capture hand hygiene and appropriate use of personal protective equipment compliance. any issues discussed in daily safety huddles. any incidences of poor hand hygiene are addressed with individual staff members.</p> <p>all staff to complete online training Hand hygiene and donning and doffing to be completed by 07/10/2024</p> <p>This will be an agenda item at the next Senior and care staff meeting on 14/10/2024</p>

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