

Inspection Report

19 June 2024



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 Individuals: 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: 21
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 22 residents. Accommodation is provided in single en suite bedrooms and all residents have access to communal spaces and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 19 June 2024 from 10.10am to 4.45pm. The inspection was conducted 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.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. The residents were involved in activities of their choice throughout the day.

Staff interactions with residents were observed to be compassionate and supportive. Staff were found to be attentive to the needs of the residents.

The home was found to have a welcoming atmosphere. Bedrooms were personalised and reflected items which were important to the residents.

Five new areas of improvement were identified during this inspection and this is detailed in the report.

RQIA were assured that the delivery of care and service provided in Bawn Cottage was safe, effective, compassionate and that the home was well led. Addressing these areas for improvement will further enhance the safety of care 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 quality improvement plan, 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 spoke positively about staff and their experience of living in the home. Residents talked about the staff being "kind to them" and this was a "great place." Residents described the staff as being approachable and helpful. The residents praised the food provision in the home saying that it was "nice." Compassionate interactions were observed between staff and the residents. A number of the residents talked excitedly about activity provision in the home.

Staff reported that there was a good staff team in Bawn Cottage and they all worked well together. Staff commented that there was enough staff on duty to meet the needs of the residents. Staff were found to be knowledgeable of residents' needs and preferences and they were able to provide support and reassurance to residents, when required. Positive comments were made by staff in regards to the management team in terms of the level of support provided to them and that they were approachable.

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 21 September 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (1) Stated: Second time	The registered person shall ensure that where prescribed supervision arrangements for residents are in place; detailed care plans should be in place and include the reason given for the required supervision and detail on what support is to be provided to the resident through the one to one support. Ref: 5.1	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 6.6 Stated: First time	The registered person shall ensure that falls care plans and risk assessments are reviewed following a fall in the home.	Carried forward to the next inspection
	Action required to assess compliance with this standard was not reviewed and will be carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that care plans are completed in a timely manner following admission to the home in order to direct care delivery In addition, care plans in regards to Speech and Language recommendations are clear and reflect the current IDDSI guidance.	Met

	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for improvement 3 Ref: Standard 27.1 Stated: First time</p>	<p>The registered person shall ensure that any malodours in the home are addressed.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

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 staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. The Manager explained how the number of staff on duty was regularly reviewed to ensure the needs of the residents were met.

Any person who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

Staff registrations with the Northern Ireland Social Care Council (NISCC) were audited on a monthly basis. A review of these audits found these to be appropriately maintained.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management and they worked well as a team. Staff said that there was a good staff morale and that they felt the care provided for in the home was very good.

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. One resident said: "It's all very good in here. Staff make it feel like home. There are always plenty of staff to help you."

There were systems in place to ensure staff were trained and supported to do their job. Staff mandatory training was maintained on an up-to-date basis. Staff spoke positively on the level of training and how it was provided.

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents was observed to be friendly, supportive and polite. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering and discretion when assisting in personal care. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. Staff showed understanding and sensitivity to residents' needs.

Care records were held confidentially. Care records were organised and person centred.

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. However, it was noted that two of the care plans reviewed did not accurately reflect the assessed needs of the residents with particular reference to nutrition. This was identified as an area for improvement.

Furthermore, there was no consistent system in place for the regular review of care plans. This was discussed with the manager and identified as an area for improvement.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The food was attractively presented and portions were generous and included a choice of meal. There was a variety of drinks available. During the dining experience, staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain with appropriate action taken when weight loss was identified. Staff had received training in dysphasia.

Detailed daily progress records were kept of how each resident spent their day and the care and support provided by staff. Issues of assessed need were followed up with a recorded statement of care provided.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was bright and fresh smelling throughout. Residents' bedrooms were personalised with items important to the resident. Communal areas were suitably furnished and comfortable. It was noted that there were specific bathroom areas which required additional cleaning. This was discussed with the manager and identified as an area for improvement.

The kitchen area was tidy, clean and well organised. Cleaning chemicals were stored safely and securely.

However, the laundry room was found to be unclean and in need of attention. The flooring was heavily stained and there were tiles missing which meant that it could not be effectively cleaned. This was discussed with the manager and identified as an area for improvement.

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. Fire safety exits were free from obstruction. However, it was identified that a fire door in a communal area was not fully closing. This was discussed with the manager and identified as an area for improvement.

The home's most recent fire safety risk assessment dated 6 December 2023. Any recommendations made as a result of this assessment were signed off as actioned.

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

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. It was observed that residents could have a lie and get up at a time of their choosing.

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

There was a programme of activities in place and the residents talked excitedly about this. A number of residents were sitting outside listening to music and participating in karaoke, while others were being supported to colour and engage in puzzles by staff, or listen to music of their choice. Staff were observed sitting with residents and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to watch television or engage in their own preferred activities.

Both staff and residents commented positively on the provision of activities stating that there was a greater focus on this and this was a positive improvement. Activities were found to be meaningful and personalised to the residents.

One resident stated, "there's lots to do" when discussing opportunities for activities and interaction.

5.2.5 Management and Governance Arrangements

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. Staff said that the Manager was approachable, proactive and accessible.

There had been no change in the management of the home since the last inspection; Mr Daire Sheridan remains the registered manager of this home.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Where deficits were identified an action plan with time frames, the person responsible and follow up was completed.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

There was a system in place to monitor and report accidents and incidents that happened in the home.

There was evidence that complaints were managed correctly and that good records were maintained.

The home was visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine 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.

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/or the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
Total number of Areas for Improvement	2	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Daire Sheridan, Registered 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 27 (2) (b) Stated: First time To be completed by: 30 July 2024	The registered person shall ensure that the flooring in the laundry room is addressed. Ref: 5.2.3 Response by registered person detailing the actions taken: One quote obtained for a new floor in the laundry area. Awaiting further quotes. Approval received for new floor to be installed in the laundry area.

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (19 June 2024)</p>	<p>The registered person shall ensure that the identified fire door is fully closing.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Fire door amended and fixed to close fully. Decision made to purchase and install new door and frame to upgrade the existing door/frame. Door/ frames (x2) delivered to home on 06/08/24. Work to be completed on week commencing 19/08/24.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (21 September 2023)</p>	<p>The registered person shall ensure that falls care plans and risk assessments are reviewed following a fall in the home.</p> <p>Ref: 5.1</p> <hr/> <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 6.2</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2024</p>	<p>The registered person shall ensure that care plans in relation to nutrition should reflect recommendations from speech and language therapist.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Care plans amended to accurately reflect the two identified service user's advised IDSSI levels.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2024</p>	<p>The registered person shall ensure that there is a system implemented for the regular review of care plans.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Managers monthly audit developed to ensure monthly evaluations of care plans are completed on time, and include the required information/updates.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all areas of the home are kept clean and hygienic at all times, with specific reference to bathroom areas.</p> <p>Ref: 5.2.2</p>
<p>To be completed by: With immediate effect (19 June 2024)</p>	<p>Response by registered person detailing the actions taken: Bathroom check form now implemented into each communal bathroom. Staff team notified of bathroom check form through daily handover. Staff daily allocation form to identify staff responsible for completing checks. Bathroom check form to be reviewed daily as part of Manager/SCA daily walkaround.</p>

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