

Inspection Report

Name of Service:	Poyntzpass Care Home
Provider:	Armagh Care Services
Date of Inspection:	24 September 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:	Armagh Care Services
Responsible Individual:	Mr Daniel McHugh
Registered Manager:	Mrs Diane Clarke
Service Profile – This home is a registered residential care home which provides health and social care for up to 15 residents. The home is divided into three bungalows. Residents have access to communal lounges, dining areas and outside garden space.	

2.0 Inspection summary

An unannounced care inspection took place on 24 September 2024, from 10.00 am to 3.30 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 30 January 2024; 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 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.

While care was found 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 five areas for improvement from the previous care inspection on 30 January 2024 were assessed as having been addressed by the provider. 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 told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "staff are great" and "I love living here and looking after the flowers". Residents told us they enjoy the activity provision in the home.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

No questionnaire responses were returned following the inspection.

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 robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and 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; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

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. 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.

Examination of care records and discussion with 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 if required.

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 confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious.

Activities for residents were provided which included both group and one to one activities. Birthdays and annual holidays were celebrated and staff confirmed good relations between the home and the local community.

A number of planned activities took place during the inspection including a local walk and a lunch outing which residents said they enjoyed. Discussion with staff confirmed that staff knew and understood resident's preferences and wishes and how to provide support for residents to participate in group activities or to remain in the home with their chosen activity such as video games and watching TV.

A record was kept of all activities provided to residents however, there was no activity planner available for residents or their representatives to view in any of the bungalows. An area for improvement was identified.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents needs.

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.

3.3.4 Quality and Management of Residents' Environment Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges. The home was tidy and comfortable for residents. Bedrooms were clean and personalised with items of importance to each resident, such as family photos and items of interest to the individual.

It was evident from observation that areas such as lounges in two bungalows required some redecoration and that chipped and worn woodwork in one identified bedroom needed to be resealed/repainted to ensure it could be effectively cleaned in accordance with the Regional Infection Prevention and Control Guidelines. The manager confirmed that there was an ongoing redecoration schedule for the home and progress with this plan will be followed up at a future care inspection.

There were some infection prevention and control deficits identified, for example in one bathroom the raised toilet seat and rails were rusted and could not be effectively cleaned. In addition residents' continence products were not being stored appropriately in accordance with the manufacturers recommendations. An area for improvement was identified.

A linen store had been left unlocked and tins of paint were being stored which were accessible to residents. There were also residents' toiletries being stored in communal bathrooms. An area for improvement was identified.

The Fire Risk Assessment for the home was completed on 26 September 2023 and the manager confirmed a review had been organised. However, in one of the linen cupboards clothes were being dried over a mains electric box and pipe work, which presented a fire risk. This was brought to the attention of staff who immediately removed the clothing. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Diane Clarke has been the Registered Manager in this home since April 2005.

Residents 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.

Advice was provided to the manager to ensure moving forward, that particular attention is given to environmental deficits and planning to improve these deficits, for example; the paintwork throughout the home. This will be reviewed at a future care inspection.

In addition, the system to monitor accidents and incident that happened in the home needed to be reviewed because a number of incidents and accidents had not been reported to RQIA as required. This was discussed with the manager and retrospective notifications were completed following the inspection. An area for improvement has been identified.

Staff and residents' meetings were held regularly and records reviewed demonstrated a comprehensive list of agenda items for discussion. However, no action plans were created following these meetings to evidence the improvements undertaken nor did the minutes reviewed evidence that no actions had been identified. For example, what action was identified, the person responsible for addressing the action and date this was to be achieved by. This is a good method to ensure tasks are completed in an achievable timescale. Two areas for improvement have been identified.

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	4	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Diane Clarke, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 24 September 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. This area for improvement is made in relation to the following areas:</p> <ul style="list-style-type: none"> - Equipment used by residents for example, raised toilet seats and hand rails that have evidence of rust must be repaired or replaced to allow effective cleaning. - Continence products must be stored appropriately in accordance with the manufacturers recommendations and best practice guidance for infection prevention and control. <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p><u>The raised toilet seat has been replaced and the spec of rust on the handrail has been removed.</u></p> <p><u>Only one pack of continence products are stored in residents bedroom at any given time.</u></p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p>	<p>The Registered Person shall ensure that all areas of the home to which residents have access are free from hazards to their safety, and staff are made aware of their responsibility to recognise potential risks and hazards and how to report, reduce and eliminate the hazard.</p> <p>This area for improvement is made with specific reference to the</p>

<p>To be completed by: 24 September 2024</p>	<p>supervision and storage of paint and residents individual toiletries.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: <u>—No toiletries are stored in bathrooms and are stored in residents bedrooms under their sinks.</u></p> <p><u>As stated, ongoing decoration schedule in place. Painters had left tins of paint in linen store. These have been removed.</u></p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 24 September 2024</p>	<p>The Registered Person shall ensure that any unnecessary risks to the health, welfare or safety of residents are identified and eliminated where possible.</p> <p>This area for improvement is made with specific reference to the management of linen cupboards and ensuring clothing is not left on top of electric meter boxes or pipe work.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: <u>—As discussed on day of inspection, a resident had put his clothes on top of pipework in the linen store. He himself explained this to the inspector. It is not a common occurrence. It has been disucssed with him that this should not happen and reasons why. Cupboard is not locked at present but is being monitored.</u></p>
<p>Area for improvement 4</p> <p>Ref: Regulation 30 (1) (d)</p> <p>Stated: First time</p> <p>To be completed by: 24 September 2024</p>	<p>The Registered Person shall ensure that any serious incidents of threatening or challenging behaviour in which a service user is harmed or at risk of harm is reported appropriately and without delay to RQIA.</p> <p>The Registered Person should refer to the 'Statutory Notification of Incidents and Deaths' Guidance for Registered Providers and Managers of Regulated Services Version 1.1 for further clarity.</p> <p>Ref: 3.3.5</p>
	<p>Response by registered person detailing the actions taken: <u>—All incidents were reported to placement authority. As disucssed with inpsector, 2 of these should have been notified to RQIA. All relevant incidents are now being reported to RQIA.</u></p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)</p>	

<p>Area for improvement 1</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 24 September 2024</p>	<p>The Registered Person shall ensure that the programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: <u>A programme of activities is displayed on all notice boards.</u></p>
<p>Area for improvement 2</p> <p>Ref: Standard 1.5</p> <p>Stated: First time</p> <p>To be completed by: 24 November 2024</p>	<p>The Registered Person shall ensure that action plans are created following resident's meetings to evidence the details of the actions agreed, the plan to address any areas of concern, who is responsible for the action and date it is to be achieved by.</p> <p>Where there are no actions identified at residents' meetings this should be recorded in the minute.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: <u>There were no actions which needed addressing and as per previous minutes where actions were required - these were addressed.</u></p>
<p>Area for improvement 3</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 24 November 2024</p>	<p>The Registered Person shall ensure that staff meeting records include any actions identified, the person responsible for addressing the action and the date to be achieved by.</p> <p>Where there are no actions identified at staff meetings this should be recorded in the minute.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: <u>There were no actions which needed addressing and as per previous minutes where actions were required - these were addressed.</u></p>

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