

Inspection Report

Name of Service: River House
Provider: Amore (Watton) Limited
Date of Inspection: 21 January 2025

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:	Amore (Watton) Limited
Responsible Individual:	Miss Sarah Elizabeth Perez
Registered Manager:	Mrs Catherine Busby
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to 8 residents who have a diagnosis of a learning disability.</p> <p>The home consists of 5 self-contained apartments and three bedrooms with en-suites. Residents have access to a communal lounge, a dining area and an enclosed garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 21 January 2025, between 9.50 am and 2.50 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to assess progress with the areas for improvement identified by RQIA, during the last care inspection on 13 June 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.

Residents indicated that they were happy living in River House. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider and two areas for improvement have been stated again. 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 responded warmly about the provision of care in River House, they were smiling and engaging with staff throughout the day. Residents who were unable to clearly verbally communicate indicated they were content through non-verbal body language such as smiling and nodding when asked if they were happy.

No questionnaires were received from residents' following the inspection.

Staff spoke positively in terms of the provision of care in the home. Staff said that they enjoyed working in River House, some of the comments shared by staff included; "The residents' are getting out more, things are going well." Staff also commented on the support from the manager and the deputy manager, one staff member said, "they are very transparent, they encourage a culture of reporting, I find them very supportive."

Staff said that they felt they worked well together and enjoyed engaging with the residents. Staff confirmed that there was a good working relationship between them and the home's management team.

No responses were received from the staff online survey.

There were no residents' relatives visiting the home at the time of the inspection. There were no questionnaire responses from relatives 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.

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. Observation of the delivery of care evidenced that residents' needs were met compassionately by the number and skills of the staff on duty.

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 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. For example, staff were observed supporting and reassuring different residents and supporting them to take part in individual daily activities and over the lunchtime meal.

Staff respected residents' privacy by their actions such as knocking on doors before entering and discussing residents' care in a confidential manner. Staff offered residents choice in how and where they spent their day or how they wanted to engage socially with others.

The importance of engaging with residents was well understood by the manager and staff. Observation of the interactions between staff and residents confirmed that staff knew and understood residents' preferences and wishes. Staff supported residents to participate in their chosen activity such as watching television, listening to music or attending day care activities.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Risk assessments in relation to falls were regularly reviewed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Mealtimes were flexible to suit the needs and wishes of each individual resident. There were robust systems in place to manage residents' nutrition and mealtime experience. The food served smelt and looked appetising and nutritious; there was a variety of choice for the residents based on their likes and dislikes.

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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. 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.

Resident's care records were held confidentially.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Shortfalls were identified in regard to the effective management of potential risk to residents' health and wellbeing; specifically, open access to the domestic cleaning cupboard. An area for improvement was identified.

A number of staff were observed to be wearing nail polish or false nails and one member of staff was observed wearing a watch. In addition to this, inappropriate use of PPE was observed; for example, staff were observed wearing gloves while on the phone or when walking around the home. This was discussed with the manager and this area for improvement was stated for a third time. A new area for improvement was also identified in relation to the effectiveness of infection prevention and control training (IPC).

Fire safety measures were in place to ensure residents, staff and visitors to the home were safe. However, it was noted that some fire doors were propped open, this area for improvement was stated for a second time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Catherine Busby has been the manager in the home since 5 May 2022.

Staff commented positively about both the manager and the deputy manager and described them as very supportive and always available to them.

A robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team 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. For example, concerns were discussed during team meetings to ensure shared learning.

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*	2*
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* the total number of areas for improvement includes one regulation that has been stated for a second time and one standard that has been stated for a third time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Catherine Busby, 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 27 (4) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 21 January 2025</p>	<p>The registered person shall ensure that fire safety precautions are in place to protect residents, staff and visitors. This area for improvement is in relation to the propping open of fire doors.</p> <p>Ref: 2.0 & 3.3.4</p> <p>Response by registered person detailing the actions taken: This has been managed effectively through HR processes in regards to the responsible individuals. Fire safety precautions are closely monitored in the Manager Quality Walk Round and formal feedback to staff team. Health and Safety is the responsibility of all individuals and in the absence of the Registered Manager, Senior staff monitor this area of concern.</p>
<p>Area for Improvement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 21 January 2025</p>	<p>The registered person shall ensure that residents do not have access to substances hazardous to their health such as domestic cleaning liquids.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: This has been managed effectively through a HR process in regards to the responsible individual. This area of improvement is now been included on the Manager Quality Walk Round and formal feedback to staff team. Health and Safety is the responsibility of all individuals and in the absence of the Registered Manager, Senior staff monitor this area of concern.</p>

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 28.3</p> <p>Stated: Third time</p> <p>To be completed by: 21 January 2025</p>	<p>The registered person shall ensure that all staff employed in the home adhere to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual (PHA). Specifically, that staff are bare below the elbow when on duty.</p> <p>Ref: 2.0 & 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: This has been managed effectively through a HR process in regards to the responsible individuals. Senior in charge completes checks during handover and periodically throughout the shift to ensure compliance. Formal feedback has been shared with the staff team and re-training in Infection Control has been allocated to the entire staff team for improved awareness in practice. This area of improvement will remain on the Manager Quality Walk Round to evidence compliance in IPC and oversight from Management.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23.8</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2025</p>	<p>The Registered Person shall ensure that training and supervision with regards to infection prevention and control is embedded in to practice.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: Training has been allocated to the entire staff team following the area improvement being restated for a third time. Formal feedback was completed with the staff team following the inspection and robust monitoring is in place to ensure compliance in IPC training.</p>

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