

Inspection Report

13 June 2024



River House

Type of service: Residential Care Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Amore (Watton) Limited	Registered Manager: Mrs Catherine Busby
Responsible Individual: Miss Sarah Elizabeth Perez	Date registered: 5 May 2022
Person in charge at the time of inspection: Mrs Catherine Busby	Number of registered places: 8
Categories of care: Residential Care (RC) 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: 8
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 eight residents. Residents' bedrooms are located over three floors. Residents have access to a communal lounge, a dining area and an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 13 June 2024 from 9.45 am to 4.30 pm by two care inspectors.

The inspection assessed progress with all areas for improvement identified 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 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. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting with them in a respectful manner.

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

Staff provided care in a compassionate manner; they were knowledgeable with regards to the residents' assessed needs and preferences.

New areas requiring improvement were identified in relation to falls management, the management of fire doors and the monthly monitoring reports.

Specific comments received from residents and staff are included in the main body of this report. There were no residents' relatives visiting the home at the time of the inspection. There were no specific questionnaire responses from relatives following the inspection but RQIA are aware of ongoing complaints by some families in relation to their loved ones which are being addressed by the home and relevant Trusts as appropriate.

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 management team 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.

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 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 the manager to give to 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 were observed to be smiling and engaging with staff throughout the day.

Staff told us, “The staff work well together, the managers keep us well informed.” A new member of staff said, “I had a good induction, there is good communication between the seniors and the staff.”

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

No questionnaires were returned by residents or relatives and no responses were received from the staff online survey.

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 12/09/2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (1) (b) Stated: First Time	The registered person shall ensure that confidential information relating to residents is safely secured.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 Ref: Regulation 14 (2) (c) Stated: First Time	The registered person shall ensure as far as reasonably practical that all parts of the home to which residents have access are free from hazards to their safety. This is in relation to the safe storage of art materials.	Met
	Action taken as confirmed during the inspection: 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	The registered person shall ensure that care records are kept under regular review and are also reviewed in the event of any changes, such as a fall.	Met

Stated: Second time	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 Ref: Standard 34.4 Stated: First time	The registered person shall ensure the shower chairs in identified bathrooms are effectively maintained and cleaned.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 Ref: Standard 28.3 Stated: First time	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. Please refer to the following link for details:	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met and has been stated for a second time. Please refer to 5.2.3 for details .	

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.

There were systems in place to ensure staff were trained and supported to do their job. Training dates were scheduled in advance to help ensure staffs' training remained up to date.

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

Staff said there was good team work and that they felt well supported in their role, were mostly satisfied with the staffing levels and the level of communication between staff and management. One staff member said, "they (the managers) keep us updated with regards to any changes."

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.

Staff were observed throughout the day responding to residents' requests for assistance promptly in a caring and compassionate manner. For example, the residents that were at home were observed spending time with staff both in the home and in the outside area.

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. Staff said that the manager and the deputy manager kept in regular contact with them to highlight any changes in residents' needs. In addition, care records were maintained and updated to reflect the needs of the residents.

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 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Mealtimes were flexible to suit the needs of each individual resident. Staff were observed offering choices of meals and where they wished to eat.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents' care records were important to ensure residents received the right diet. It was observed that staff knew the residents well in terms of their likes and dislikes, one member of staff said, "it's not about me, it's about what the residents want to eat."

There was a choice of meals offered; the food was attractively presented, smelled appetising and portions were generous. There was a variety of drinks available. The menu for the week was on display.

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.

A review of care records indicated that some records in relation to post falls management had not been kept under review. This was discussed with the manager during feedback for action. An area for improvement was identified.

Residents care records were held confidentially.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

Parts of the home had been recently redecorated and the manager told us that further areas of the home would be decorated in the coming weeks, this included new radiator covers throughout the home.

Residents' bedrooms were personalised with posters and personalised artwork.

Fire safety measures were in place to ensure residents, staff and visitors to the home were safe. The latest fire risk assessment was completed on 9 April 2024; actions from this risk assessment were in the process of being completed. However, it was noted that some fire doors were propped open, this was discussed with the management team during the inspection for immediate action and an area for improvement was identified.

PPE stations were sufficiently stocked with aprons and gloves. Staff use of PPE and hand hygiene was monitored by the manager and records were kept. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. However; some staff were wearing gel nail polish, which is not in accordance with good practice in infection prevention and control. This was discussed with both the staff and the deputy manager during feedback for action. This area for improvement was stated for a second time.

5.2.4 Quality of Life for Residents

River House accommodates people with complex care needs and RQIA are aware that there is ongoing consultation between the home management, the relevant Trusts and some families in relation to their loved ones' care and treatment and how their needs can best be met.

Staff were observed to be delivering care and responding to residents' needs in a timely and compassionate manner. The atmosphere in the home was warm, welcoming, relaxed and friendly.

It was noted that each resident had a detailed, individualised activities planner; activities included, swimming, art, games and walks. Residents were observed to be chatting with staff, playing games and going out for a walk or on bus outings.

Staff were observed offering residents choices throughout the day which included preferences on food and drink options, and where and how they wished to spend their time.

5.2.5 Management and Governance Arrangements

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.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

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 manager was identified as the appointed safeguarding champion for the home.

It was established that systems and processes were in place to manage the safeguarding and protection of adults at risk. RQIA are aware of a number of safeguarding referrals and the home are cooperating with the relevant Trusts in this process.

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 incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained. The Manager told us that complaints were seen as an opportunity for the team to learn and improve. RQIA are aware of a number of ongoing complaints by individual families who are dissatisfied with their loved ones' care and we were assured that these were being appropriately managed by the home management and relevant agencies.

Staff commented positively about the management team and described both the deputy manager and the manager as supportive.

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. However, these reports were not always robust, action plans had not been reviewed and relatives had not always been consulted. This was discussed with the management team during feedback and an area for improvement was identified.

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 Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	2*	2*

* the total number of areas for improvement includes one standard that has been stated for a second time

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 Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 29 Stated: First time To be completed by: 30 June 2024	<p>The registered person shall ensure that the Regulation 29 monitoring visits are completed on a monthly basis. These reports should be robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Guidance has been shared to all persons completing the Regulation 29 monitoring visits by the Responsible Person and going forward the completed monitoring visits will be quality assured for compliance purposes.</p>
Area for improvement 3 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: 13 June 2024	<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: 5.2.3</p> <p>Response by registered person detailing the actions taken: This area has been added to the Daily Manager Quality Walkround to ensure compliance in Fire Safety regulations at all times. This will be completed by Registered Manager or Deputy Manager to ensure robust systems are in place.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 28.3 Stated: Second time To be completed by: From date of inspection 12 September 2024	<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. Please refer to the following link for details:</p> <p>Response by registered person detailing the actions taken: This area has been discussed in a staff meeting on 2nd July 2024 and added as an area for review on the Daily Manager Quality Walk Round. Standards of Dress, Uniform and Personal Appearance Policy has been shared with staff to refresh knowledge with a signed signature sheet attached.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2024</p>	<p>The registered person shall ensure that all care records in relation to falls management are kept under review.</p> <p>Ref:5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All records on Nourish will be updated following an incident of a witnessed or unwitnessed fall. This will be reflected on the Falls Log as well as the Nourish care plan to support efficient review of individuals needs in a timely manner.</p>

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