

# Inspection Report

4 June 2024



## The Docks Residential Care Home

**Type of Service: Residential Care Home**  
**Address: c/o Carlingford Lodge Care Home,**  
**76 Upper Dromore Road, Warrenpoint, BT34 3PN**  
**Tel no: 028 4175 9200**

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Healthcare Ireland (No. 4) Limited	<b>Registered Manager:</b> Ms Erminia Suciu - not registered
<b>Responsible Individual:</b> Ms Amanda Mitchell	
<b>Person in charge at the time of inspection:</b> Erminia Suciu	<b>Number of registered places:</b> 16
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 16
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 16 residents. The home is situated on the ground floor and the premises is shared by a registered nursing home.	

## 2.0 Inspection summary

An unannounced inspection took place on 4 June 2024, from 10.00 am to 4.30 pm 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.

It was evident that staff had a good understanding of residents' needs and treated them with kindness and respect. Residents looked well cared for and 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. Staff were respectful and promoted the dignity of residents in all their interactions with them.

Areas requiring improvement were identified during this inspection and details of these can be found in the main body of this report and in the Quality Improvement Plan (QIP) in section 7.0.

RQIA were assured that the delivery of care and service provided in The Docks Residential Care Home was safe, effective, compassionate and well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' lived 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 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 they were happy living in the home, they felt they were well looked after and listened to by staff and management. Residents comments included "staff are fantastic", "staff look after me well" and "the activities are great".

Staff spoke positively in terms of the provision of care in the home and their roles and duties.

No questionnaire responses were returned 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 17 October 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (1) (b)  <b>Stated:</b> First time	<p>The registered person shall ensure a system is in place to evidence the completion of all pre-employment checks and that these are organised, reviewed by the manager and records available for inspection.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was met.</p>	<b>Met</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (2) (d)  <b>Stated:</b> First time	<p>The registered person shall ensure there are systems in place to maintain clean bed linen for residents at all times.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was met.</p>	<b>Met</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First	<p>The registered person shall put measures in place to ensure, as far as reasonably practical, that all parts of the residential home to which residents have access, are free from hazards to their safety. This includes securing of potentially hazardous items in appropriately locked areas.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was met.</p>	<b>Met</b>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 20.10	<p>The registered person shall ensure that there is a robust governance and management system of oversight in the home. This includes completion of a schedule of regular audits.</p>	<b>Met</b>

<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	
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## 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. Staff training compliance in the home was of a good standard. A review of staff records confirmed that new staff had completed an induction within the home.

The staff duty rota accurately reflected the staff working in the home on a daily basis. Advice was provided to the manager to regularly review the duty rota to ensure that staffing levels in the home remain consistent with meeting resident's needs. The rota should also be signed off by the manager to evidence managerial oversight. This will be reviewed at the next care inspection.

There were competency and capability assessments in place for staff left in charge of the home in absence of the manager. Advice was provided to the manager to consider reviewing these assessments on an annual basis, this will be reviewed at the next inspection.

Staff received supervision sessions and an annual appraisal; and records were maintained.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC), this evidenced that all staff who were required to be registered with NISCC, had this in place.

Staff told us that the residents' needs and wishes were important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff told us they enjoy working in the home, however it can be busy with the recent change in staffing levels and this has had an impact on staff morale. This was discussed with the management team for their action and review.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff demonstrated their knowledge of individual resident's needs, wishes, preferred activities and likes/dislikes.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty making their wishes or feelings known.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Review of care records confirmed that resident's needs were assessed at the time of admission to the home. Following assessment, care plans were developed to direct staff on how to meet the resident's needs. This included any advice or recommendations made by other healthcare professionals; for example, the Speech and Language Team.

Care records were well maintained, regularly reviewed by staff and consistent in meeting resident's needs. Information was held in the care plans on what or who was important to the resident and input was provided by family where appropriate.

Examination of individual risk assessments did not always evidence that all areas of risk had been robustly assessed. For example, one residents care plan highlighted that they were at risk of weight loss. However, the nutritional risk assessment did not capture this information and had not been reviewed in line with the care plan. An area for improvement has been identified.

At times some residents may be required to use equipment that can be considered to be restrictive. For example; bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

Review of records evidenced that residents' weights were checked monthly to monitor weight loss or gain and onward referral to the relevant professionals where necessary.

Examination of records and discussion with the management team confirmed that the risk of falling and falls in the home were well managed. Where a resident was at risk of falling, measures to reduce this risk were put in place.

Daily progress records were kept in relation to how each resident spent their day and the care and support provided by staff. However, these records were not always person centred and did not include the level of support provided, in relation to resident's mental health and well-being and activities. An area for improvement has been identified.

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.

There was a choice of meals offered, the food was attractively presents and looked appetising. There was a daily menu available for residents and their representatives to view. However, the menu board was not reflective of the meal options available on that day. An area for improvement has been identified.

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.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was warm and comfortable for residents. Bedrooms were clean, tidy and personalised with photographs and other personal belongings. Communal areas were well decorated, suitably furnished and homely.

It was apparent that work was required in parts of the home to ensure the homes environment was maintained and decorated to a good standard. Flooring in some bedrooms needed to be effectively cleaned or replaced. An area for improvement has been identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors in the home were safe. The Fire Risk Assessment for the home was completed on 9 October 2023 and the management team confirmed that the actions have been completed as required.

Systems and processes were in place for the management of infection prevention and control. For example; there was an ample supply of personal protective equipment (PPE) and staff confirmed good availability of cleaning products.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with regional guidance.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spend their day.

Residents spent time in the communal lounges chatting to each other. Some residents preferred to spend time alone relaxing, watching television or having visits with loved ones.

Residents spoke positively about the provision of activities in the home. Activities offered in the home included, movie club, bingo, baking and arm chair aerobics. The management team also confirmed that they have recently implemented an online activities platform that all residents have access to.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Ms Erminia Suciú has been the manager in this home since 9 October 2023.

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 the residents, care practices or the environment.

There was evidence of auditing across various aspects of care and services provided by the home. However, there were deficits identified with care record audits. For example; the same resident's records had been audited for a two-month period, there were no actions recorded and there was no evidence of managerial oversight with this audit process. This was discussed with the management team and advice was provided about keeping a tracker of what care records are audited each month. An area for improvement has been identified.

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.

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

Staff and residents' meetings were held accordingly and included a comprehensive list of agenda items. A review of these records highlighted that there were no action plans being created following meetings to include; action identified, person responsible and date achieved by. This is a good method to ensure tasks are completed in an achievable timescale. An area for improvement has been 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 regional area manager 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 of harm.

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 and action plans addressed in a timely fashion. These were available for review by residents, their representatives, Trust staff and RQIA.

## 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
<b>Total number of Areas for Improvement</b>	0	6

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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 September 2024</p>	<p>The registered person shall ensure that individual risk assessments for the identified residents are reflective of individual assessed need and kept under review in order to inform the care planning process.</p> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 8.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 September 2024</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Tracker implemented by the Registered Manager to ensure all individual risk assessments are reviewed and updated at least monthly or more often if required. Training will be scheduled before August 31<sup>st</sup> 2024 to provide staff with the knowledge to demonstrate competencies required when completing individual risk assessments.</p> <p>The registered person shall review the content of resident's progress records and provide guidance to staff completing these records, in order to ensure a full account of the support provided by staff has been recorded as necessary. This should be kept under review.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Care file audit has been reviewed to include the content of the daily progress notes. Training will be undertaken by August 31<sup>st</sup> to ensure all staff are aware of the content to be recorded within the individual resident's progress notes to reflect a full account of the support provided by staff. This will also be kept under review during Reg 29 monthly provider visits.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12.14</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 June 2024</p>	<p>The registered person shall ensure that the menu is reflective of the meal options available to residents and any variations to the menu are recorded.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Memo issued to kitchen department and care staff . New template has been added to the meal distribution folder to</p>

	record any changes to the planned menu, the rationale and how change to planned menu has been communicated to the residents.
<b>Area for improvement 4</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time <b>To be completed by:</b> 1 November 2024	The registered person shall conduct a review of all resident's bedrooms to identify refurbishments required and complete a time bound action plan to address any issues identified.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Refurbishment plan has been completed and forwarded to Estates department. Tracker has been implemented to monitor progress and completion at home level.
<b>Area for improvement 5</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time <b>To be completed by:</b> 1 August 2024	The registered person shall ensure that care record audits are robust, a system is put in place to track which resident's records need audited each month and action plans are completed as necessary.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> Governance framework has been reviewed and all audits completed to demonstrate robust action plans and audit loop closures. Monthly care record audit tracker has been put in place.
<b>Area for improvement 6</b> <b>Ref:</b> Standard 1.5 & 25.8 <b>Stated:</b> First time <b>To be completed by:</b> 1 August 2024	The registered person shall ensure that action plans are created following staff and resident's meetings which include details of the actions agreed and plan to address any areas of concern, who is responsible for the action and date the action is achieved by.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> Additional meeting template in place which includes action plan and sign off by Home Manager. This will be uploaded on the Healthcare Ireland Share Point and reviewed monthly as part of the Reg 29 monthly provider's visit.

*\*Please ensure this document is completed in full and returned via Web Portal\**





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