

Unannounced Follow Up Care Inspection Report 3 August 2017



River House

Type of Service: Residential Care Home
Address: 114 Milltown Road, Belfast, BT8 7XP
Tel No: 028 9064 8314
Inspector: Alice McTavish

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with eight beds that provides care for adults who have a learning disability.

3.0 Service details

Organisation/Registered Provider: Parkcare Homes No2 Ltd Responsible Individual: Nicola Cooper	Registered Manager: Mr Mark Beattie
Person in charge at the time of inspection: Megan McCloskey, deputy manager	Date manager registered: 5 July 2017
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 8

4.0 Inspection summary

An unannounced inspection took place on 3 August 2017 from 09.20 to 16.05.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection was undertaken following information received by RQIA in relation to staffing levels in the home which allegedly had an impact on the safety of residents. The information was shared with the adult safeguarding team from the local trust.

It is not the remit of RQIA to investigate whistleblowing and adult safeguarding concerns made by or on behalf of individuals, as these are the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following area was examined during the inspection:

- Staffing levels in the home

Enforcement action was considered by RQIA. It was decided that the organisation had made adequate short and medium term arrangements with regard to staffing levels in the home. Furthermore, the trust had made arrangements to conduct unannounced monitoring visits to the home.

Residents said that they liked living in the home and liked the staff.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Megan McCloskey, deputy manager and Michelle Montgomery, service manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 9 January 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the report from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with three residents, four support workers, one senior support worker, the housekeeper, the deputy manager and the service manager. No visiting professionals and no residents' visitors/representatives were present.

The following records were examined during the inspection:

- staff duty rota
- care records of one resident

The following records were requested to be forwarded to RQIA after the inspection:

- Staff duty rotas
- Staff profiles for agency staff
- Monthly monitoring visit reports

The findings of the inspection were provided to the person in charge and the service manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 January 2017

The most recent inspection of the home was an announced pre-registration inspection. There were no areas for improvement identified.

6.2 Review of areas for improvement from the last care inspection dated 9 January 2017

There were no areas for improvements made as a result of the last care inspection.

6.3 Inspection findings

Staffing levels

Discussion with the deputy manager established the staffing levels required to meet the assessed needs and ensure the safety of the residents accommodated within the home.

A review of the staff duty rota identified that staffing in the home had fallen below safe levels on several occasions over recent weeks. Action was required to ensure compliance with the regulations.

Staff who spoke with the inspector described how insufficient staffing levels directly impacted on the care and safety of residents. Some residents became agitated or unsettled when they could not do their usual activities or go on trips; instances of behaviours which challenged would become more frequent and some of these may result in the use of physical interventions. There was an increased risk of harm to those residents, to other residents in the home and to staff.

A staff member advised that when the home was short staffed, one staff member would provide support to two residents. This did not meet residents' assessed needs and was unsafe for residents. Action was required to ensure compliance with the regulations.

This issue was discussed with the deputy manager and the service manager who had responsibility for the recruitment of new staff. The service manager advised that five new staff were in the process of being recruited for River House. In the interim and as an immediate measure, trained staff from other homes within the organisation and agency staff, who had already worked in the home, would be approached to provide cover for shifts in River House.

Six additional agency staff had been block booked for six months to allow for the recruitment, training and induction of new, permanent staff; the agency staff were due to receive training over the first three days of the week commencing 7 August 2017. An induction to the home was planned over the following two days. This would enable the agency staff to begin work in the home from Saturday 12 August 2017. The agency staff would be placed on duty alongside experienced staff members. Arrangements would be put in place to ensure that members of the

existing staff team would not be requested to work consecutive shifts. An assurance was provided that the use of staff from other homes within the group would not adversely affect the staffing levels in those homes.

Those records submitted to RQIA after the inspection provided assurances that adequate staffing arrangements had been put in place. A comprehensive action plan was also submitted which outlined in detail how the service planned to implement and sustain improvements in staffing and in staff development.

The monthly monitoring visit report for April 2017 was not submitted and it was unclear whether the monitoring visit had been undertaken. Such monitoring is crucial to the safe conduct of the home and may identify at an early stage when staffing issues are present. Action was required to ensure compliance with the regulations.

Staff were advised that staffing arrangements in the home and the impact on residents will be subject to further discussion with senior management in RQIA, the home and with trust staff. This may lead to increased inspection activity to ensure that improvements were sustained.

Areas of good practice

The observation of care and supervision provided to residents in the home evidenced warm and supportive interactions between residents and staff.

Areas for improvement

Three areas of improvement were identified. These related to staffing levels, meeting the assessed needs of residents and the completion of monthly monitoring visits.

	Regulations	Standards
Total number of areas for improvement	3	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Megan McCloskey, deputy manager and Michelle Montgomery, service manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

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 20. – (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 4 August 2017</p>	<p>The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working in the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: From 07/08 - 09/08/17 twelve Agency staff completed full PROACT-SCIPr UK training including bespoke holds for use only in River House. Eight of these staff have been allocated to River House on a full time basis for an initial period of 3 months to allow for the recruitment of permanent staff. After induction, all have settled well in to River House and continue to develop positive relationships with residents and the staff team. A full recruitment action plan is underway with 2 new staff already started, another 6 being processed and further interviews scheduled. Each shift is appropriately staffed according to the needs of resident service users taking into account skills/gender mix, training and experience. Staff rotas are forwarded weekly to Safeguarding and RQIA.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13. – (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 4 August 2017</p>	<p>The registered person shall ensure that the residential care home is conducted as to promote and make proper provision for the health and welfare of residents.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Unannounced monitoring visits from Safeguarding continue on a regular basis with a focus on staffing levels, allocations and activity planners. A comprehensive action plan is in place in response to RQIA improvement recommendations. As staffing levels are within required limits and staff are trained to level required residents are now having their planned activities and trips in line with their individual activities planner which is assessed by the PBS support within the service. Details of planned activity and trips are recorded within the activity care records for each individual resident.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 29. – (3)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2017</p>	<p>The registered person shall ensure that monthly monitoring visits are completed for the home.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Monthly monitoring visits have been completed for August (02/08/17) and September (11/09/17). Going forward, the registered Manager will agree processes with the recently appointed Regional Director to ensure future compliance.</p>
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