

Unannounced Care Inspection Report

4 March 2021



Bawn Cottage

Type of Service: Residential Care Home
Address: 31a Main Street, Hamiltonsbawn BT60 1LP
Tel No: 028 3887 0666
Inspector: Bronagh Duggan

www.rqia.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 from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 22 residents.

3.0 Service details

Organisation/Registered Provider: Norman Thomas Wylie Mildred Jean Wylie Responsible Individuals: Norman Thomas Wylie Mildred Jean Wylie	Registered Manager and date registered: Mildred Jean Wylie – 1 April 2005
Person in charge at the time of inspection: Thelma Mc Carragher	Number of registered places: 22
Categories of care: Residential Care (RC) MP - Mental disorder excluding learning disability or dementia LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of residents accommodated in the residential home on the day of this inspection: 9

4.0 Inspection summary

An unannounced inspection was undertaken on 4 March 2021 from 11:00 until 16:00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care delivery
- Care records
- Governance and management

Residents in keeping with their level of ability were complimentary about their life in the home and relations with staff.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Thelma Mc Carragher, senior care assistant, as part of the inspection process. The findings were also shared with Mildred Wylie, manager, following the inspection via telephone. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report

During the inspection the inspector met with nine residents, and three staff. Questionnaires were also left in the home to obtain feedback from residents. Seven completed questionnaires were returned to RQIA within the identified timescale. Responses received from residents were positive in relation to living in the home.

The following records were examined during the inspection:

- Duty rotas
- Three residents care records
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints records
- Incident and accident records
- Minutes of residents' and staff meetings
- Staff competency and capability assessment
- Staff professional registration information with the Northern Ireland Social Care Council (NISCC)
- Certificate of registration.

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 14 November 2019.

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing

We arrived at the home at 11.00 hours; the senior carer was in charge of the home. We discussed with the person in charge the staffing arrangements in place.

Staff duty rotas for the period of 22 February 2021 until 7 March 2021 were reviewed. We noted the duty rota did not accurately reflect all the staff on duty during the inspection. This issue was discussed with the manager via telephone following the inspection. An area for improvement was identified.

Staff spoken with confirmed that staffing levels were maintained at appropriate levels to meet the needs of residents and that staffing levels were stable. Staff spoke positively about their experiences of working in the home. There were no concerns raised by staff regarding staffing levels. We observed residents needs being met by staff in a calm and unhurried manner.

Staff spoken with confirmed they were aware of the reporting arrangements and who to speak to if they had any concerns and showed good knowledge of the homes safeguarding and whistleblowing procedures.

Comments received from staff included:

- “We all get on very well, it’s like a family here and because there are only nine it works well.”
- “If you need anything, it is no bother. Mildred is very supportive.”

6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Information was displayed at the entrance to the home regarding the current guidance on Covid 19, signage was also displayed throughout the home regarding handwashing technique. Upon arrival the inspector’s temperature was recorded and a relevant health declaration was completed. The person in charge advised all visitors to the home had checks completed prior to entering and residents and staff temperatures were recorded twice daily. Records available in the home confirmed this.

There was clear donning and doffing areas available , information was available ensuring best practice with regards to the use of same. Discussion with the person in charge and review of information available showed guidance was available for staff in relation to Covid 19.

PPE supplies and hand sanitizer were available throughout the home. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE appropriately and in accordance with current guidance.

Staff showed good knowledge on how to reduce or minimise the risk of infection and confirmed there was an enhanced cleaning schedule in place which included regular cleaning of frequent touch points throughout the home. In addition records were available which showed the completion of regular handwashing and IPC audits.

Observations made during the inspection showed staff carrying out hand hygiene and changing PPE as required.

6.2.3 Environment

We undertook an inspection of the home environment which was found to be warm, clean and tidy. We viewed the communal living area, dining room, a sample of resident's bedrooms as well as bathroom and toilet areas. Resident's bedrooms were found to be nicely personalised and reflected individual interests.

We noted some items of furniture and décor in the house were in poor condition. This included a number of chairs in the recreation room, general paintwork and an identified broken toilet seat. The issues were discussed with the person in charge. The need to ensure full environmental audit was completed and actioned as necessary was discussed. An area for improvement was identified.

6.2.4 Care delivery

We observed staff practice in the home, interactions with residents were warm and friendly. Staff showed good knowledge of the individual needs of residents and worked in a relaxed and pleasant manner.

Staff were observed engaging with residents who were well presented with obvious time and attention given to their personal care. Staff explained how they were aware of the individual preferences of residents.

Residents shared how they liked to participate in activities including, going for walks, tending to plants outside and in the greenhouse, and also liked to engage in a range of table top activities and games. The person in charge outlined the visiting arrangements in place and confirmed that visiting was arranged on a pre-booked basis.

We observed the lunch time experience, tables were nicely set, the menu was displayed, the meal prepared looked appetising and nutritious. During the inspection residents appeared comfortable and relaxed within their surroundings, and staff were available throughout the day to meet their needs.

Comments received from residents included:

- "I am very happy, everyone is very nice."
- "I like it here, the staff are all very nice. Im happy."
- "The food is good, I like Fridays especially, I like chips and cod."
- "I like it alright. Thelma is a very good person, she would lift the whole world."

6.2.5 Care records

A sample of three care records were reviewed, these included relevant assessment information, individualised care plans and evaluation records. We could see the care records were personalised and reflected the individual interests, likes and dislikes of residents. Records evidenced input from other professionals including for example Speech and Language Therapy (SALT), there was also evidence of regular and ongoing health screening checks for residents.

It was noted from review of one of the care records that there had been a change in an identified resident's needs. Information available following the most recent care review was incomplete; therefore it was not clear what the outcome was following the care review. This issue was discussed with the person in charge. Following the inspection the manager provided confirmation that a care review had been completed for the individual and that they continued to require residential care.

It was noted from two of the records reviewed epilepsy management plans were over a year past review date. This issue was discussed with the person in charge, an area for improvement was identified.

6.2.6 Governance and management arrangements plans

Staff spoken with confirmed that they felt well supported by the manager in the home, and that the manager was approachable and supportive. Staff shared that they were kept well informed of changes as they developed due to the Covid 19 pandemic and that relevant information was made easily accessible for staff.

We reviewed a sample of audits including environmental cleanliness, hand hygiene, and accident and incidents analysis. Records showed that these were completed on an ongoing basis and when actions were identified they were addressed accordingly.

There was a system in place regarding the reporting of notifiable events. Notifiable events including accidents and incidents were monitored on a monthly basis. Review of the records showed that these were effectively documented and reported to other relevant organisations as necessary.

A review of staff professional registration information for the Northern Ireland Social Care Council (NISCC) showed there was a system in place to monitor staff registration and this was reviewed on a regular basis.

There was a system in place regarding the management of complaints. There had been no complaints received since the previous care inspection.

Records reviewed showed there were regular resident and staff meetings, minutes were available and information was shared with participants as required.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Home Regulations (Northern Ireland) 2005. We reviewed the reports for December 2020 and January and February 2021 these included an overview of the working practices across the home.

The homes certificate of registration was up to date and displayed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, team work, interactions between residents and staff, management and governance systems and IPC practices.

Areas for improvement

Three areas for improvement were identified during the inspection this related to ensuring the duty rota accurately reflects all staff on duty over a twenty four hour period and the capacity in which the work, to ensure an environmental audit is completed and actioned accordingly and to ensure the identified epilepsy managements plans are reviewed and updated.

	Regulations	Standards
Total number of areas for improvement	0	3

6.3 Conclusion

Residents looked well cared for they were relaxed and happy within the home. Interactions between residents and staff were warm and friendly.

Care records were personalised and reflected the individual needs and preferences of residents. IPC practices were maintained.

Three areas for improvement were identified for improvement.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Thelma Mc Carragher, person in charge, as part of the inspection process. The manager, Mildred Wylie, was also informed of the findings following the inspection via telephone. 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 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: 4 March 2021	The registered person shall ensure the duty rota accurately reflects the staff working over a 24 hour period and the capacity in which they work. Ref: 6.2.1 Response by registered person detailing the actions taken: Duty rota reflects staff working and the capacity in which they work
Area for improvement 2 Ref: Standard 27.1 Stated: First time To be completed by: 4 May 2021	The registered person shall ensure an internal environmental audit is completed and areas identified for improvement (including but not limited to those identified during inspection relating to paintwork, replacing the identified chairs and fixing the identified toilet seat) should be actioned accordingly. Ref: 6.2.3 Response by registered person detailing the actions taken: Inspector was advised that chairs had been brought in by a resident from outside store and they had been brought out again awaiting disposal.
Area for improvement 3 Ref: Standard 9.3 Stated: First time To be completed by: 4 April 2021	The registered person shall ensure the epilepsy management plans for the two identified residents are reviewed and updated accordingly. Ref: 6.2.5 Response by registered person detailing the actions taken: Both updated

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



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