



# Unannounced Care Inspection Report 14 November 2019



## Bawn Cottage

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

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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 registered residential care home which provides care for up to 22 residents, within the categories of care detailed in its certificate of registration and section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Norman Thomas Wylie Mildred Jean Wylie  <b>Responsible Individuals:</b> Norman Thomas Wylie Mildred Jean Wylie	<b>Registered Manager and date registered:</b> Mildred Jean Wylie – 1 April 2005
<b>Person in charge at the time of inspection:</b> Nicki Jenkins senior care assistant then joined later by the registered manager	<b>Number of registered places:</b> 22
<b>Categories of care:</b> Residential Care (RC) MP - Mental disorder excluding learning disability or dementia LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 7 plus two residents at day care and one resident on leave

### 4.0 Inspection summary

This unannounced inspection took place on 14 November 2019 from 10.00 to 13.40 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the nice relaxed ambience in the home with residents clearly fulfilled with provision of consistency of staffing, choices, social activity and the layout and upkeep of the environment. Good practice was also found in relation to maintenance of working relationships, teamwork and the governance.

No areas requiring improvement were identified during this inspection.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others/with staff.

Comments received from residents and staff during the inspection, are included in the main body of this report.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mildred Wylie, registered manager, as part of the inspection process and can be found in the main body of the report.

#### 4.2 Action/enforcement taken following the most recent inspection dated 3 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 3 January 2019. No further actions were required to be taken following the most recent inspection on 3 January 2019

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspections, registration information, and any other written or verbal information received, for example notification reports.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

During the inspection a sample of records was examined which included:

- staff duty rota
- staff training schedule and training records
- two staff recruitment and induction records
- one resident's records of care
- residents' progress records
- complaint records
- compliment records
- governance audits/records
- accident / incident records
- reports of visits by the registered provider/monthly monitoring reports
- fire safety records
- RQIA registration certificate

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 the last care inspection dated 3 January 2019**

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

## **6.2 Inspection findings**

### **6.3 Is care safe?**

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

Throughout this inspection residents advised that they felt safe in the home and well cared for. Residents also advised that staff attended to their needs in caring and kind manner.

## **Staffing**

The senior care assistant in charge advised that the staffing levels are very stable and was in keeping to the residents' dependencies. Staffing levels over the 24 hour period were discussed. General observations of care practices together with discussions with residents and staff confirmed that adequate staffing levels were in place.

An inspection of the duty rota found this accurately reflected staff on duty.

A competency and capability assessment is in place for any member of staff in charge of the home in the absence of the manager. An inspection of a sample of one of these assessments found this to be appropriately in place.

All care staff are registered with the Northern Ireland Social Care Council (NISCC), as evident with an inspection of staff registration details. Discussions with staff also confirmed that they had knowledge and understanding of their obligations with registration and their accountability towards same.

## **Staff support**

A programme of staff supervision and appraisal is in place. An inspection of the matrix of these forums found these to be maintained on an up-to-date basis. Staff also spoke positively on this provision and also added that they felt well supported on a day to day basis.

All newly appointed members of staff receive an induction and a sample of one of these records was inspected on this occasion. This was recorded in comprehensive detail.

Staff advised that they felt comfortable about reporting concerns or difficulties to the management of the home and that management embrace this in a positive constructive manner.

### **Staff training**

Inspection of staff records confirmed that a programme of staff training was in place. This programme included mandatory training and additional training areas to meet residents' assessed needs, such as training in epilepsy management received by staff the previous day. Staff spoke positively about the provision of training.

### **Staff recruitment**

An inspection of a sample of two staff members' recruitment records confirmed that staff were recruited in accordance with regulations and standards. These records were maintained in an organised and methodical manner.

### **Safeguarding**

An inspection of staff training records confirmed that staff were in receipt of up-to-date training in adult safeguarding. Staff were aware of the points of contact for such circumstances and these details were readily displayed. Staff also advised that they were aware of the whistleblowing procedure and felt confident in reporting issues of concern if they were to arise.

### **Restrictive practices**

There were no obvious restrictive care practices observed in the environment at the time of this inspection.

### **Environment**

The home was clean and tidy with a good standard of décor and furnishing being maintained. Communal seating lounges were pleasantly furnished with comfortable seating. Residents' bedrooms were well facilitated and personalised. Bathrooms and toilet facilities were clean and hygienic. Infection prevention aids and equipment were readily in place and in ample supplies.

The grounds of the home were maintained well.

There were no obvious health and safety risks observed in the environment at the time of this inspection.

### **Fire safety**

Staff training records and fire safety records confirmed that all staff were in receipt of up-to-date training in fire safety and fire safety drills. The last fire safety drill was on 6 November 2019.

Fire safety records also confirmed that there was a regular and up-to-date programme of fire safety checks maintained in the environment.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, support, training and the home’s environment.

**Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.4 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

Residents advised that they received good care in the home and that staff were responsive to their needs in a kind caring manner.

**Care records**

An inspection of a sample of one resident’s care records was undertaken. These records were maintained in accordance to regulations and standards.

An inspection of residents’ progress records found these to be maintained well and gave good account of issues of assessed need. The records had corresponding statements of care / treatment given with effect of same with issues of assessed need.

**Effectiveness of care**

General observations of care practices throughout this inspection found that care was delivered in person centred manner. For example, residents’ comfort and social needs were facilitated by individual choices and wishes.

Residents looked comfortable, well dressed and content and engaged in their environment.

Discussions with staff confirmed that they had good knowledge and understanding of residents’ needs and prescribed care interventions. Staffing in the home is very stable which added to the consistency of staff on duty. General observations of care practices found that there was good team working amongst staff and their interactions with one another were friendly and supportive.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and staffs' knowledge and understanding of individual residents' needs and prescribed care interventions, as well as teamwork amongst staff.

## Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Discussions with residents throughout this inspection confirmed in accordance with their capabilities, that they felt staff were kind, caring and treated them with dignity and respect. General observations of care practices also evidenced that this was the case.

## Residents' views

In accordance with their capabilities residents spoke / indicated positive feedback on the provision of care, the kindness and support received from staff, the provision of meals and the activities and events in the home. Some of the comments made by residents included statements such as:

- "I love it here."
- "I am very happy here. Everything is good."
- "This is a great place in every way. Everyone is great. All one big family and I see the staff as my friends."

## Care practices

Residents were observed to be comfortable, relaxed and at ease in their interactions with staff and with their environment. Some preferred to enjoy the company of one another in a communal sitting room; others chose to relax or partake in pastimes of choice. Some residents chose to partake in an activity with the activities co-ordinator; going for a walk, then baking.

Staff interactions were polite, friendly, warm and supportive. Staff gave respect to residents by seeking their agreement in engaging in assistance with care. Choice was also facilitated from staff statements such as "Would you like to..." or "How about...." Choice was also evident in the provision of residents' meals and snacks, such as that available for the day time meal or the provision of the mid-morning drinks.



Photographs were displayed of activities and events held in the home and resident participation.

The genre of the television programmes and choice of music was appropriate to the age group and taste of residents.

Discussions with staff also confirmed that they had knowledge of residents' personal background and interests that helped them meet their social well-being.

Residents' bedrooms were personalised to a good effect in that it added to residents' comfort, make-up and individuality.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents and the general observation of care practices and atmosphere in the home.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The senior care assistant was available to support and facilitate this inspection. The registered manager and the governance lead arrived shortly later to facilitate the inspection and also attend two care reviews planned for that afternoon.

General observations confirmed that the home is managed with an "open door" to receive any queries, worries and concerns.

### Monitoring visits

An inspection of the last two months (September 2019 and October 2019) monitoring visits' reports on the behalf of the responsible individual was undertaken. Both these visits were unannounced. The reports were recorded appropriately.

### Audits

A good programme of audits was in place. These included a relative's questionnaire completed in October 2019, mattress audit completed in October 2019, medicines audit September 2019,

dining room audit in June 2019 and a governance audit in April 2019. Added to this there were regular and up-to-date audits of care records and accidents and incidents.

## Complaints

Discussions with the senior care assistant together with an inspection of the records of complaint found that expressions of dissatisfaction were taken seriously and managed appropriately. No issues of complaint were reported to or received.

Discussions with residents indicated that they felt comfortable about raising a concern or complaint and they felt that such would be acted on positively.

## Accident / incidents

An inspection of the accidents / incident reports since April 2019 confirmed that these were managed appropriately and reported to the relevant persons, including the resident's next of kin, their aligned named worker and / or RQIA.

## Staff views

Discussions with three members of staff, other than management during this inspection confirmed that they felt positive about their roles and duties, the staffing levels, support, teamwork and morale. Staff advised that a good standard of care was provided for and they would have no difficulties recommending the home.

Staff also advised that if there were any concerns they would have no difficulties raising these with management and that they felt confident these would be acted on appropriately.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements and maintenance of good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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