



# **Unannounced Care Inspection Report**

## **5 March 2020**



## **Ralph's Close**

**Type of Service: Residential Care Home**

**Address: Gransha Park, Clooney Road, Londonderry, BT47 6TF**

**Tel No: 028 7186 4332 / 028 7186 4322**

**Inspector: Priscilla Clayton**

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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 16 residents with a learning disability. The home is divided into four units, with a linking corridor to each unit.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western Health and Social Services Trust (WHSCT)	<b>Registered Manager and date registered:</b> Angela Robinson 13 January 2020
<b>Responsible Individual:</b> Dr Anne Kilgallen	
<b>Person in charge at the time of inspection</b> Lisa Rowley, Deputy Manager	<b>Number of registered places:</b> 16
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability	<b>Total number of residents in the residential care home on the day of this inspection:</b> 16

### 4.0 Inspection summary

An unannounced inspection took place on 5 March 2020 from 11.30 hours to 16:15 hours.

This inspection was undertaken by the care inspector.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

The inspection assessed progress with all areas for improvement identified in the home since 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.

Improvements made at the previous finance inspection were not reviewed and have been carried forward to the next inspection.

Evidence of good practice was found in relation to the good practice in provision of staff and their attentiveness to residents. We observed residents being offered choice with the daily routine. There was a range of meaningful activities provided through the day. There was evidence of a homely environment with each resident having their own bedroom which were personalised to reflect their interests and preferences.

Areas for improvement included the provision of appropriate storage for clean linen which is currently stored in laundry bags placed within cupboards of each house. In addition one area for improvement has been stated for a second time related to the sofa in house number three.

Residents who were able to 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 surrounding and in their interactions with others and staff.

Comments received from residents and staff during and after 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>	*3	*4

\*The total number of areas for improvement includes one which has been stated for a second time and five which have been carried forward for review at the next care inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 12 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 12 September 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 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 care inspection, registration information, and any other written or verbal information received, for example serious adverse incidents.

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

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. One staff questionnaire was completed and returned to RQIA following the inspection. This respondent indicated positive responses in all areas.

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

- staff duty rotas from 2 March 2020 to 9 March 2020
- two residents' records of care
- complaint records
- compliment records
- accident/incident records
- Cleaning schedules
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the deputy manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 12 September 2019

Areas for improvement from the last care inspection		
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 27 (2) (d) <b>Stated:</b> First time	The registered person shall ensure that the building is kept clean and hygienic at all times and decorated to a standard acceptable for the residents. This is in relation to the flooring in dining rooms, bedrooms, shower room walls, sofas and chairs.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the four attached houses evidenced improvements as stated within the managers returned QIP to RQIA. All areas were clean with recorded cleaning schedules in place, flooring in dining room had been replaced, shower rooms, bedrooms made good and three sofas replaced. The upholstery on the sofa in house 3 was noted to be in poor state of repair with the arm rest torn. The deputy manager explained that a replacement sofa had been ordered.	

<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> All visible equipment was noted to be clean, toilet seats replaced, clean sensor mats, several replaced. Inspection of all areas identified for improvement had been actioned and addressed. Cleaning schedules were in place, dated and signed when cleaning was completed.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time	The registered person shall ensure that all hazardous chemicals are stored in a locked cupboard.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> All COSHH chemicals were appropriately stored within locked storage rooms the key of which is held by the senior care worker.	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time	The registered person shall ensure that an up to date record of staff registration with their professional bodies is maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A system had been established for the recording and monitoring of staff NISCC registrations. These had been uploaded to the trust E-Roster system as an extra safeguard to red flag expiry dates.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time	The registered person shall ensure each resident has an individual and up-to-date care plan including the management of any identified risks.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Three records examined evidenced needs assessments which were complemented with risk assessments including choking and fall. Measures to minimise identified risks were reflected with care plans. within care	

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time	The registered person shall ensure that progress notes are signed by staff when completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of three care record progress notes evidenced these were signed and dated.	

<b>Areas for improvement from the last finance inspection</b>		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 4 (1)  <b>Stated:</b> First time	The registered person shall ensure that each resident has a record of the furniture and personal possessions which they have brought into the room they occupy. (Records of residents' personal property should be kept up to date over time).	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Not reviewed at this inspection.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 5 (1) (a) (b)  <b>Stated:</b> First time	The registered person shall ensure that each resident or their representative is provided with an individual written agreement setting out the terms and conditions of their residency in the home.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Not reviewed at this inspection.	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 18.2 & Appendix 2  <b>Stated:</b> First time	The registered person shall ensure that home has a written policy and procedure addressing transport services. A copy of the policy should be easily accessible for the relevant staff members and a copy should be kept for reference, in the vehicle used to provide transport services to patients.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Not reviewed at this inspection	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.6  <b>Stated:</b> First time	The registered person shall ensure that the resident or their representative is given written notice of all changes to the resident's agreement and these are agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Not reviewed at this inspection	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4.2  <b>Stated:</b> First time	The registered person shall ensure that the content of the home's generic patient agreement is compared with the minimum content of a resident agreement as set out within standard 4.2 of the Residential Care Home Minimum Standards. The generic agreement should be reviewed and updated accordingly.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Not reviewed at this inspection	

## 6.2 Inspection findings

### Staffing

The deputy manager confirmed the daily staffing levels for the home and that these were based on the number and dependency levels of residents accommodated statement of purpose, layout of the home and fire safety recommendations. Observation of the delivery of care evidenced that residents' needs were being met by the levels and skill mix of staff on duty and that staff attended to residents needs in a timely and caring manner. Additional staff are rostered specifically for residents who require one to one supervision.

The staff duty roster reflected staffing levels, named staff on duty and shifts worked as explained by the deputy manager.

We discussed the staffing levels with care staff; all were satisfied that there was enough staff to meet residents' needs. Staff confirmed that additional staff were provided when required. It was obvious from relaxed interactions between staff and residents that there were good relationships between them.

One staff satisfaction questionnaire was completed and returned to RQIA. The respondent indicated they were very satisfied with the staffing levels provided with sufficient staff and that residents were treated with dignity and respect and protected from harm

Staff spoke enthusiastically about life in the home and their diligence in ensuring that residents' health and social care needs were met.

One care staff explained how the routine of the home commenced each morning with a hand over report given from the night staff with information shared on how residents slept and any issues arising which would require to be addressed. Activity plans planned for the day was discussed alongside allocation of staff duties to be undertaken.

## **Daily life**

On arrival at the home we were welcomed by the deputy manager who explained how residents' activities for the day were arranged by way of discussions with residents; their interests, preferences and choice. Several residents had left the home, accompanied by staff on a bus trip. Residents remaining were observed to be settled, appropriately clothed with personal care needs attended. The pictorial object communication boards were in place for some residents which reflected their daily planned activities. This good practice was an aid to reducing individual resident's anxiety levels of residents. Activities included; accompanied outings to the local community centres, shops and park, physical events and sensory rest periods.

We spent some time discreetly observing the serving of the mid-day meals, which was well organised and all residents received their meal and any assistance required in a timely manner.

Main meals provided included breakfast, lunch, and evening meal. Healthy snacks were also provided. Meals were served in the dining room within each house. Staff served meals, supervised and assisted residents as reflected within their person centred care plans. Special diets/meals were provided as recommended by the speech and language therapist. Staff told us that residents' weights were undertaken each month, recorded and monitored for any weight loss or excessive gain. If necessary the general practitioner would be notified as required.

We could see that residents were treated with dignity and respect as we moved from each house and how staff encouraged and supported them with various activities. There was no evidence of aimless wandering around any of the attached homes.

We met and spoke with the residents' advocate who explained she visited the home on a regular unannounced basis. The purpose of her visits was to advise and support residents and their representatives and be available should any issues or problems arise so that where necessary improvements can be made. Positive feedback was given about the home, care and life provided within the home. The advocate explained that she would strongly recommend this home. No issues or concerns were raised or indicated. A report on the outcome of the visit is provided by the advocate and given to the manager following each visit. This service is to be commended.

## **Management of accidents and incidents**

Records of accidents, incidents and reportable events were reviewed and discussed with the deputy manager who explained the electronic datix system in use and how all accidents and incidents were entered into the system and forwarded to the trust governance team and the Mental Health Learning disabilities manager for monitoring and follow up purposes.

The system in place for the monitoring of accidents and incidents included analysing and identification of trends and patterns alongside development of action plans. Accident notifications were cross-referenced with notifications submitted to RQIA. Notifications which do not require to be notified were identified and clarification provided to the deputy manager alongside RQIA's guidance which can be sourced on the website. The deputy manager explained the measures in place to minimise identified risks which were reflected within care plans examined

## **Care Records**

Two all necessary documents including; "Information about me", hospital passports, needs assessments which were complemented with risk assessments, person centred care plans, progress notes and care reviews. Positive behavioural support plans were in place and known by staff who spoke with us.

Records of monthly weights were recorded and monitored by senior staff.

## **Environment**

Inspection of the four attached houses evidenced good improvement from the previous inspection with all areas observed to be clean, tidy, fresh smelling and comfortably heated. Chemical and food thickeners were securely stored within locked cupboards. Rooms, including bedrooms and communal areas were appropriately decorated. Improvements included for example; the replacement of two sofas and replacement flooring in the dining room.

Domestic staff were observed cleaning the home in keeping with the planned cleaning schedules which were dated and signed when work was completed.

There was a plentiful supply of infection, prevention and control (IPC) resources stocked which was readily available to staff who told us they had received training in IPC and were aware of the importance of using the resources as required. Wash rooms had seven steps hand washing notices displayed in pictorial and written format. Several toilet seats and shower chairs had been replaced, these were observed to be clean. There was no evidence of inappropriate storage of toiletries within bathrooms or residents bedrooms.

The upholstery on one sofa within house three was observed to be in need of attention as the arm rest was torn and could present as a risk of cross contamination. The deputy manager explained that two sofas had been replaced and that they were waiting for delivery of the third.

The storage of clean bagged linen on the floor of cupboards within each house was discussed with the deputy manager as this would impede cleaning of this area and presents as a risk of cross contamination of infection. The manager explained that storage within houses was an ongoing problem. An improvement was made in this regard.

## **Management**

The deputy manager was in charge of the home as the registered manager, Angela Robinson is currently off on leave. We were advised that an acting manager's post had been advertised. Following the inspection RQIA were notified by the deputy manager that an "acting manager" had been appointed. A replacement RQIA registration certificate will be forwarded to the

home in due course. This must be displayed in a prominent position within the home and the previous certificate returned to RQIA in accordance with legislation.

We discussed with the deputy manager the recent implementation of the Mental Health Capacity Act (Northern Ireland) 2016 and Deprivation of Liberty Safeguards (DoLS). The deputy manager explained that residents currently accommodated were admitted prior to the implementation date of the act and that the trust had several ongoing meetings in regard to the procedure. Staff training in (DoLS) had commenced with further training being arranged. Compliance with training is being monitored to ensure all staff complete training.

One safeguarding matter was discussed with the deputy manager who advised that this was with the trust safeguarding team. The deputy manager agreed to ensure RQIA were notified of the outcome and any action taken as a result.

### **Complaints and compliments**

A complaints procedure was in place and records were available of complaints received. One complaint recorded since the previous inspection had been appropriately managed and resolved to the satisfaction of the complainant.

Many complementary letters and cards were received and shared with staff.

### **Areas of good practice**

There was evidence of good practice found in relation to the provision of staff and their attentiveness to residents. We observed residents being offered choice with the daily routine. There was a range of meaning activities provided through the day. There was a homely environment with each resident having their own bedroom which were personalised to reflect their interests and preferences.

### **Areas for improvement**

One area identified for improvement included the provision of appropriate storage for clean linen which is currently stored in laundry bags placed within cupboards of each house.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lisa Rowley, Deputy 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 4 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 07 June 2018	<p>The registered person shall ensure that each resident has a record of the furniture and personal possessions which they have brought into the room they occupy. (Records of residents' personal property should be kept up to date over time).</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 5 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 24 August 2018	<p>The registered person shall ensure that each resident or their representative is provided with an individual written agreement setting out the terms and conditions of their residency in the home.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27 (2) (d)  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 May 2020	<p>The registered person shall ensure that the sofa in house 3 is made good or replaced.</p> <p><b>Response by registered person detailing the actions taken:</b> Sofa is ordered and we are currently awaiting delivery, due to COVID-19 it has been delayed. I will inform whenever this has been delivered.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 18.2 & Appendix 2  <b>Stated:</b> First time  <b>To be completed by:</b> 24 August 2018	<p>The registered person shall ensure that home has a written policy and procedure addressing transport services. A copy of the policy should be easily accessible for the relevant staff members and a copy should be kept for reference, in the vehicle used to provide transport services to patients.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection</b></p>

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.6  <b>Stated:</b> First time  <b>To be completed by:</b> 24 August 2018	The registered person shall ensure that the resident or their representative is given written notice of all changes to the resident's agreement and these are agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4.2  <b>Stated:</b> First time  <b>To be completed by:</b> 24 August 2018	The registered person shall ensure that the content of the home's generic patient agreement is compared with the minimum content of a resident agreement as set out within standard 4.2 of the Residential Care Home Minimum Standards. The generic agreement should be reviewed and updated accordingly.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection</b>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard E53  <b>Stated:</b> First time  <b>To be completed by:</b> 12 March 2020	The registered person shall ensure that appropriate storage is provided for clean linen.  <b>Response by registered person detailing the actions taken:</b> This has been requested from estates, we are currently awaiting for same to be completed. Due to COVID-19 this has also been delayed.

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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