



Unannounced Care Inspection Report 12th September 2019



Ralph's Close

Type of Service: Residential Care Home

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

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Inspectors: Debbie Wylie and Laura O'Hanlon

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 registered residential care home which provides care for up to 16 residents. The home is divided into four units each containing four beds.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)	Registered Manager and date registered: Angela Robinson – registration pending
Responsible Individual: Dr Anne Kilgallen	
Person in charge at the time of inspection: Angela Robinson	Number of registered places: 16
Categories of care: Residential Care(RC) LD – Learning disability	Number of patients accommodated in the nursing home on the day of this inspection: 16

4.0 Inspection summary

An unannounced inspection took place on 12th September 2019 from 10.00 hours to 17.00 hours.

The inspection assessed 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 staff knowledge of individual residents, staff supervision and appraisal, the provision of resident activities including regular bus trips and staff response to residents needs.

Areas requiring improvement were identified and included, staff registration checks with their professional bodies, infection prevention and control, the management of substances hazardous to health (COSHH), the environment, care records, governance arrangements.

Residents unable to voice their opinions were seen to be comfortable in their surroundings and in their interactions 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
Total number of areas for improvement	3	3

Details of the Quality Improvement Plan (QIP) were discussed with Angela Robinson, 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 16th October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 16th October 2018. 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 previous inspection findings including care estates and pharmacy information, and any other written or verbal information received.

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.

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

- Staff training records
- Induction records for staff new staff and agency staff
- Annual appraisal and staff supervision schedules
- Staff competency and capability assessments
- Three residents' records of care
- Complaint records
- Compliment records
- Accidents incidents notifiable events records
- A sample of monthly monitoring reports
- RQIA registration certificate
- Fire safety risk assessment
- Maintenance of firefighting equipment alarm system emergency lighting fire doors etc
- NMC and NISCC professional registration checks

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 16 October 2018

The most recent inspection of the home was an unannounced care inspection. 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.

On arrival to the home we observed that all of the residents were already washed and dressed and a number of them were away at activities. The atmosphere in the home was considered warm and calm with staff assisting and conversing with residents in a friendly, respectful manner.

Staffing and recruitment

The staff advised that when they came on duty each day, time was allocated to allow for the staff on night duty to provide their hand over which included how residents slept and any changes or issues arising. Staff also discussed and agreed their duties for the provision of care which included assisting and supervising residents with their personal care in accordance with their individualised care plan, medicine administrations and scheduled activities planned for the day.

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties. The person in charge could be identified and the manager's hours were recorded on the rota. We could see that there was enough staff in the home to quickly respond to the needs of residents and to provide the correct level of support.

The manager and staff advised us that the staffing levels for the home during the summer period were affected by staff sickness, annual leave and vacant posts. The manager reported that this was covered when required by consistent agency staff. The manager further reported that recruitment is underway to fill the vacant posts and address staffing levels.

We spoke with the manager about the arrangements in place to make sure that staff were properly recruited and that all pre-employment checks had been made. We saw correspondence for three staff members from the trust confirming that staff were properly vetted and suitable to work with the residents in the home.

Staff induction, supervision, appraisal and competency

We spoke with staff including agency staff who told us that they had had a good induction to working in the home and this was confirmed within staff records.

We saw that the manager had a system in place for planning supervisions and annual appraisals with staff and this was confirmed on discussion with the staff on duty.

Records showed that senior care staff had an assessment of their competency and capability to ensure that they could take charge of the home in the absence of the manager.

Discussion with staff showed they had a good knowledge of their roles and responsibilities and felt competent to carry these out.

Observation of staff showed evidence that staff were interacting with and responding to the needs of residents promptly and appropriately. Staff identified they felt supported by their senior staff and also the home manager.

Staff registration with professional body

Registration with the Northern Ireland Social Care Council (NISCC) or Nursing and Midwifery Council (NMC) is necessary to ensure that social care staff are safe practitioners and adhere to the appropriate codes of practice. Review of the registration records did not assure us that the appropriate arrangements were in place to confirm that all staff were registered with their relevant body. The registration of all staff was confirmed before the end of the inspection. This was identified as an area for improvement to ensure compliance with the Standards so that the manager has oversight of the professional registration of staff.

Safeguarding residents from harm

Staff knowledge was reflective of Safeguarding Regional Policy and Procedure and they showed a good understanding of reporting mechanisms and processes for raising concerns within the unit. Staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse and a list of contact numbers was displayed to support staff in this regard.

Records reviewed showed evidence of appropriate reporting and notification of safeguarding issues to the appropriate bodies. The manager was able to describe how safeguarding referrals would be made to trusts and who to contact.

Environment

Inspection of the home confirmed that the RQIA certificate of registration was displayed and was accurate. We walked around the home and saw that the home was kept warm and there were no malodours. Resident's bedrooms were found to be comfortable and personalised with items of memorabilia. All fire exits were free from obstruction and clearly identifiable.

The units were generally in good decorative state however some areas were noted to be in disrepair. Areas requiring improvement within the environment included; damaged shower panelling in bathroom areas and heavily scored flooring in resident areas.

Upholstery on sofas and armchairs in the shared sitting rooms were damaged and torn and one resident's armchair was worn and in need of replacement. The staff confirmed that there was new furniture ordered. Razor blades were stored in en-suite bathrooms and not secured. One en-suite had no running hot water. This was discussed with the manager and an order placed for immediate repair. The sensory room contained inappropriate items of storage. These issues have been identified as an area for improvement to comply with the Regulations.

Infection prevention and control (IPC)

PPE was noted to be available to staff and appropriate aprons were used at meal times.

Residents' bathrooms contained commode and shower chairs which were observed to be unclean and rusted. Several of the toilets did not have a toilet seat and some showed signs of damage. Sensor mats used in residents' bedrooms were dirty, stained and torn. Shared bathrooms contained resident's toiletries and clean laundry was observed to be hanging for drying. These issues have been identified as an area for improvement to comply with the Regulations.

Control of Substances Hazardous to Health

During the inspection of the home we observed chemicals stored in an unlocked store room in the corridor. It was also noted that a food thickening agent was stored in an unlocked sideboard cupboard of a dining room. This was reported to the manager to be addressed immediately. These issues have been identified as an area for improvement to comply with the Regulations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, supervision and appraisal and adult safeguarding.

Areas for improvement

During the inspection areas were identified for improvement in relation to staff registration with their professional bodies, the environment, infection prevention and control and control of substances hazardous to health.

	Regulations	Standards
Total numb of areas for improvement	3	1

6.4 Is care effective?

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

Discussions with the manager and staff confirmed that they had good knowledge and understanding of residents' needs. Staff also advised that there was good communication and teamwork between staff members and management for the benefit of residents.

Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was person centred and respectful of residents.

Three care records were reviewed. We noted that progress notes were inconsistently signed by staff when completed. This was identified as an area for improvement to ensure compliance with the standards.

We found that care plans were well documented in regards to behaviour management however they were not reflective of current needs of residents for example in relation to continence care management, wound management, activities and weight management. There was ambiguity with staff understanding around modified diets for residents and residents' records were not clear. Risk assessments were not of a robust nature particularly regarding the management of modified diets. Choking risk assessments needs to be more individualised to each resident. These issues have been identified as areas for improvement to comply with the standards.

Effectiveness of care

Residents were well dressed in clean attire. Glasses and walking aids appeared in good working order. Staff were able to describe the individual needs of residents and how these needs were met in the home.

Staff were positive about working in the home and showed a good knowledge of the residents individual needs.

Lunch meals were observed and appeared appetising. Residents were assisted by staff during dining and aprons were worn by staff appropriate for this task.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents and staff, residents clothing and appearance and dining and nutrition.

Areas for improvement

The following areas were identified for improvement in relation inconsistently signed records and records not reflective of current needs of residents including continence care, wound management, activities, choking risk, activities and weight management.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

Observations throughout the inspection found all the residents to be treated with dignity and respect by staff

Compassionate Care

One resident proudly showed us around his bedroom and how it had been individualised to his own taste and choice.

Discussion with staff identified daily bus trips for residents who liked to go for a drive each day. Residents were observed returning from one of these trips during the inspection and appeared to have enjoyed this.

There was well documented evidence of compliments in the records which showed satisfaction with the care provided to residents

Areas of good practice

There were examples of good practice found throughout the inspection in relation to documentation of compliments patient choice in room décor and bus journey activities for residents

Areas for improvement

There were no areas for improvement identified within this domain.

	Regulations	Standards
Total number of areas for improvement	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 manager was available throughout the inspection process. All staff spoken with commented positively about the manager and described her as supportive and approachable. All interaction between the manager and staff was relaxed and team work was evident.

Management arrangements

Oversight of the home is maintained through staff supervision and annual appraisal providing time for both staff and manager to discuss safe and effective care delivery.

A record of the monthly monitoring visits was reviewed for 26 June 2019, 25 July 2019 and 27 August 2019. They identified that there was an oversight of incidents/accidents by the manager, both relatives and staff were spoken to during monitoring visits, the dining room floors were identified as in need of repair and a complaint dated 16 June 2019 was logged appropriately. A further monthly monitoring inspection was taking place today.

Complaints

An inspection of the record of complaints together with discussions with the manager confirmed that expressions of complaint or dissatisfaction are taken seriously and managed appropriately. The records contained details of the complaints, action taken, resolution and confirmation on whether the complainant was satisfied with the outcome.

Accidents and incidents

We looked at the record of accidents and incidents within the unit and found that they were satisfactory. These were documented and reported appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents, monthly monitoring visits, oversight of incidents/accidents by the manager, staff supervision and annual appraisal and team support.

Areas for improvement

No areas for improvement were identified during the inspection

	Regulations	Standards
Total number of areas for improvement	0	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 Angie Robinson, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2019</p>	<p>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.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Flooring in said dining room has been replaced. Cleaning schedule in place with Support Service Team for daily inspection and attention of Resident's bedrooms. Registered Manager has contacted Landlord of the facility that is responsible for the tenancy agreements to arrange inspection and appropriate replacement of shower room walls. Preliminary inspection took place with Landlord on 17.10.19 and repairs pending within a 56 day time scale. Registered Manager has order placed for replacement sofas.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2019</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Shower chairs have all been inspected and replacements ordered and delivered. Toilet seats have all been inspected and replacements ordered and delivered. Sensor mats have been inspected and replaced or removed as appropriate. Registered Manager addressed the issue of storing toiletries in shared bathrooms and advised staff to utilise appropriate storage space which is available in Resident's own en-suite bathrooms. Replacement tumble dryer has been ordered and received for use in drying clothing in laundry room.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2)(a) (2)(c)</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that all hazardous chemicals are stored in a locked cupboard</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The Registered Manager ensured the chemicals and food thickener were stored appropriately immediately and reminded staff about this</p>

13 September 2019	importance of good practice for COSHH items. This is now a standing item on the agenda for staff meetings and supervision. The Registered Manager also contacted the Manager of the Support Service staff to communicate this to this group of staff also.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 20.10 Stated: First time To be completed by: 13 September 2019	The registered person shall ensure that an up to date record of staff registration with their professional bodies is maintained. Ref: 6.3 Response by registered person detailing the actions taken: The Registered Manager has completed this and has ensured that this information has been uploaded to the Trust E-Roster system as an extra safeguard to red flag expiry dates for Professional body registrations
Area for improvement 2 Ref: Standard 6.2 Stated: First time To be completed by: 12 October 2019	The registered person shall ensure each resident has an individual and up-to-date care plan including the management of any identified risks. Ref: 6.4 Response by registered person detailing the actions taken: The Registered Manager has ensured that staff have included relevant individual care plans for continence management, wound management, weight management, activities and choking risk.
Area for improvement 3 Ref: Standard 6.2 Stated: First time To be completed by: 13 September 2019	The registered person shall ensure that progress notes are signed by staff when completed. Response by registered person detailing the actions taken: The Registered Manager has ensured that all staff sign individual entries in daily records and care plans. This has been discussed with all staff through formal staff meetings and supervision. This is now a standing item on the agenda for staff meetings and supervision.

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



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