

# Inspection Report

## 12 September 2023



### Ralph's Close

Type of service: Residential Care Home  
Address: Gransha Park, Clooney Road, Londonderry, BT47 6TF  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Western Health and Social Care Trust  <b>Responsible Individual:</b> Mr Neil Guckian	<b>Registered Manager:</b> Mrs Maureen McGeehan – not registered
<b>Person in charge at the time of inspection:</b> Mrs Maureen McGeehan	<b>Number of registered places:</b> 16
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 15
<b>Brief description of the accommodation/how the service operates:</b> This is a registered residential care home which provides care for up to 16 residents. The home is divided into four bungalows. Each bungalow accommodates up to four residents with individual bedrooms and en-suites. Residents have access to communal lounges, a dining room and an outdoor area.	

## 2.0 Inspection summary

An unannounced inspection took place on 12 September 2023 from 09.55am to 5.10pm, by a care inspector.

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.

The home was found to be welcoming, clean and free from odours. Bedrooms were tastefully personalised and reflected items which were important to the residents.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. The residents were involved in activities of their choice throughout the day.

Staff interactions with residents were observed to be compassionate and supportive. Staff were found to be attentive to the needs of the residents.

Three new areas requiring improvement was identified during this inspection. This is discussed in the main body of the report and detailed in the quality improvement plan.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

### **4.0 What people told us about the service**

Residents appeared content and settled in their environment and in their interactions with staff. Residents were able to walk around freely and could make their own choices and decisions. Compassionate interactions were observed between staff and the residents.

Staff were found to be knowledgeable of residents needs and preferences and they were able to provide support and reassurance to residents, when required. Staff spoken with stated that the care provided to residents was important to them and was of a good standard.

Staff said that the Manager was very approachable, that teamwork was great and that they were supported in their role. One staff member said: "Great wee team here" and a further staff member said "I love working here".

A small number of staff raised some concerns about the management arrangements and the provision of staff to meet the needs of the residents. These comments were shared with the Manager who was actively addressing such matters.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 26 April 2022		
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) (b) <b>Stated:</b> Third and final time	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p> <p>With specific reference to: moisture damage to walls and ceilings are investigated and repaired.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 12 (1) (a) (b) (c) <b>Stated:</b> First time	<p>The registered person shall ensure that the following action is taken in regards to restrictive practice:</p> <ul style="list-style-type: none"> <li>• a comprehensive care plan and risk assessment is implemented</li> <li>• written consent is available within residents care files</li> <li>• equipment is assessed by an appropriate health care professional prior to use</li> <li>• the use of restrictive practice is regularly reviewed.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<b>Area for Improvement 3</b> <b>Ref:</b> Regulation 12.2 (a) (b) <b>Stated:</b> First time	<p>The registered person shall ensure that equipment used in the home is properly maintained and in good working order.</p> <p>Specific reference to ensuring the weighing chair is calibrated as required and no less than yearly.</p>	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 4</b>  <b>Ref:</b> Regulation 27 (4)  <b>Stated:</b> First time	The registered person shall ensure that fire doors are: <ul style="list-style-type: none"> <li>• maintained to close properly</li> <li>• fire exits are kept clear</li> <li>• surface damage to identified fire door is repaired.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 15.5  <b>Stated:</b> Second time	The registered person shall ensure that records of residents' furniture and personal possessions are signed and dated by the staff member undertaking the reconciliation and countersigned by a senior member of staff on at least a quarterly basis.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 19 (2)  <b>Stated:</b> First time	The registered person shall ensure that the manager has oversight of the recruitment process including pre-employment checks.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 4.6  <b>Stated:</b> First time	The registered person shall ensure that each resident has an individual written agreement setting out the current terms of residency regarding the services and facilities to be provided which is updated to reflect any changes.  The resident or their representative is given written notice of any changes and these should be agreed in writing by the resident	<b>Met</b>

	or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.	
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time	The registered person shall ensure that a regular cleaning schedule is implemented to remove staining to walls and ceilings caused by moisture damage until the root cause of the moisture damage is fully investigated and resolved.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job.

Competency and capability assessments were completed for the person in charge of the home in the absence of the Manager.

Appropriate checks had been made to ensure that care workers were appropriately registered with the Northern Ireland Social Care Council (NISCC).

Discussions with staff confirmed that they were knowledgeable to specific details about the care of the residents. Staff advised that the residents' needs and wishes were very important to them. It was observed that staff were able to understand and interpret any individual behaviours as to their meaning and responded to requests for assistance promptly in a caring and compassionate manner.

All staff commented that the residents were safe and well cared for in the home. Staff said that generally there was good team work. Some staff stated that the staffing arrangements had improved while others believed that further improvements were required. This was discussed with the Manager who confirmed that agency staff had been block booked to ensure a full complement of staff.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge on a daily basis and the Manager's hours were also recorded.

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routine wishes and preferences.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals.

The records in relation to the management of falls were reviewed. Examination of these records confirmed that the falls care plan/risk assessment were not consistently reviewed following a fall. This was identified as an area for improvement.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Staff had made an effort to ensure residents were comfortably seated. The dining experience was an opportunity for residents to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

Staff described how they were made aware of residents' individual nutritional and support needs. Staff also described how care records were important to ensure that modified food and fluids were provided to residents who needed this based on recommendations made by the Speech and Language Therapist (SALT). Staff were observed complying with speech and language recommendations, such as providing direct supervision and support. It was noted that residents' needs in relation to nutrition and the dining experience were being met.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain, as well as subsequent appropriate dietary referral for any significant changes.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. However, there was no system in place for the regular review of care plans by staff in the home. This was identified as an area for improvement.

Records were in place to confirm regular multi-disciplinary communication and the outcome of visits from any healthcare professional was recorded. Each resident had a bi-annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home and retained within the residents care file.

Residents care records were held confidentially.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was found to be warm, clean and well maintained. Residents' bedrooms were found to be personalised and contained items which were important to them. Discussion with the Manager confirmed that a schedule of painting/decorating had been recently completed. All areas which required attention previously had been addressed.

It was observed that residents were able to walk around freely and had access to communal lounges and dining areas. Residents could choose where to sit and spend their time.

Corridors and fire exits were clear from clutter and obstruction. Review of the most recent fire safety risk assessment confirmed that this was completed on 2 and 3 March 2023. There were a number of recommendations made as a result of this assessment. The Manager confirmed that these actions had been completed however they were not signed to state they had been addressed. This was identified as an area for improvement.

Throughout the home there was evidence of accessible PPE and hand sanitisers within each communal area.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

### **5.2.4 Quality of Life for Residents**

Arrangements were in place for residents to maintain links with the community, their friends and families. During the inspection a number of residents were out at a local café for morning coffee and others were either outside in the garden or out on a short bus trip accompanied by staff in the afternoon.

Observation and discussion with staff confirmed that residents were able to choose how they spent their day. For example, residents could go outside, remain in their bedroom or go to a communal room when they requested. Staff were found to be knowledgeable of individual likes and preferences for each resident.

Observation of life in the home and discussion with staff and residents established that staff engaged with residents individually or in groups; residents were afforded the choice and opportunity to engage in social activities, if they wished.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

### 5.2.5 Management and Governance Arrangements

There had been a change in the management of the home since the last inspection. Mrs Maureen McGeehan is currently the acting manager. Any matters raised during the inspection were fed back to the Manager.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff said that the Manager was approachable and accessible.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Where deficits were identified, a time bound action plan, the name of the person responsible and follow up was completed.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with said that they knew how to report any concerns and said they were confident that the Manager would address this.

There was a system in place to monitor and report accidents and incidents that happened in the home.

There was evidence that complaints were managed correctly and that good records were maintained.

The home was visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	4*

\* the total number of areas for improvement includes one area which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Maureen McGeehan, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 15.5  <b>Stated:</b> Second time  <b>To be completed by:</b> 26 May 2022	The registered person shall ensure that records of residents' furniture and personal possessions are signed and dated by the staff member undertaking the reconciliation and countersigned by a senior member of staff on at least a quarterly basis.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time  <b>To be completed by:</b> With Immediate effect (13 September 2023)	The registered person shall ensure that falls care plans and risk assessments are reviewed following a fall in the home.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> The care plans and risk assessments will be reviewed following a fall in the home and this will be evidenced through an attached sheet on the care file. The attached sheet highlights date of fall, who reviewed this and any changes made to the care plan and risk assessment, this will be signed off by the senior band 5 and thereafter reviewed by the band 3's and also signed off. Completed 13/09/2023
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time  <b>To be completed by:</b> 12 October 2023	The registered person shall ensure that all care plans are subject to regular review and signed off as completed.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> All Care Plans are subject to regular review and signed off as completed, this is evidenced in the individual residents care file. The care plan is signed and dated by the band 5 and the band 3's. Completed on 10/09/2023

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 29.1  <b>Stated:</b> First time	The registered person shall ensure that any actions outlined within the fire safety risk assessment as signed off as addressed, when completed.  Ref: 5.2.2
<b>To be completed by:</b> With Immediate effect (13 September 2023)	<b>Response by registered person detailing the actions taken:</b>  All actions outlined within the fire safety risk assessment have been completed and signed off by Sean Coyle (Nominated fire officer) and Maureen McGeehan ( A Manager) on the 13 September 2023.

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



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