



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	Rectory Field
Establishment ID No:	1220
Date of Inspection	16 April 2014
Inspector's Name:	Ruth Greer
Inspection No:	17726

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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GENERAL INFORMATION

Name of Home:	Rectory Field
Address:	19b Limavady Road Londonderry BT47 6JU
Telephone Number:	028 7134 7741
E mail Address:	dolores.moran@westerntrust.hscni.net
Registered Organisation/ Registered Provider:	Western HSC Trust Ms Elaine Way
Registered Manager:	Ms Dolores Moran
Person in Charge of the home at the time of Inspection:	Ms Dolores Moran
Categories of Care:	RC-I
Number of Registered Places:	35
Number of Residents Accommodated on Day of Inspection:	20
Scale of Charges (per week):	Trust Rates
Date and type of previous inspection:	10 October 2014 Primary announced inspection
Date and time of inspection:	16 April 2014
Name of Inspector:	Ruth Greer

INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard/s:

Standard 25 - Staffing

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

Rectory Field Statutory Residential Care Home is situated on the Limavady Road, a short distance from Derry city centre.

The home is run and administered by the Western Health and Social Care Trust (WHSCT) and is registered to accommodate 35 persons in the general residential category of care. Mrs Dolores Moran is the Registered Manager.

Residents' accommodation is situated on the ground floor and comprises 35 single bedrooms, three sitting rooms, a dining room, kitchen, a kitchenette, a number of toilets / bathrooms, two laundry rooms, staff accommodation and an office.

SUMMARY

An inspection was undertaken of Rectory Field residential care home on 16 April 2014 by an officer of the Regulation and Quality Improvement Authority. The inspection was unannounced.

This report reflects the position of the home on the day of the inspection.

Residents looked well and were in good spirits.

Staff were on duty in sufficient numbers to care for the number and needs of residents accommodated. They were presented as knowledgeable and caring.

The home was clean, warm and bright. No malodours were noted. It was noted that a bedroom door was propped open. The issue is highlighted in the quality improvement plan appended to this report.

There was evidence of a robust monitoring system of quality assurance measures undertaken by the line manager.

The inspection focus was on the home's compliance with Standard 25 of the Residential Care Homes Standards (2011 Edition), Staffing. The process of the inspection included the following:

- Discussion with the registered manager
- Discussion with residents
- Discussion with staff
- Examination of the premises
- Review of records required by legislation and pertinent to the chosen standard
- Feedback to the manager throughout and at the conclusion of the inspection.

The overall assessment is that the home is compliant with the requirements of this standard. However, one issue is raised in the quality improvement plan in regard to administrative support.

The inspector wishes to acknowledge the full co-operation of the manager, staff and residents in this unannounced inspection.

FOLLOW-UP ON PREVIOUS ISSUES

No requirements or recommendations resulted from the primary announced inspection of Rectory Field which was undertaken on 10 October 2013.

STANDARD 25 - STAFFING The number and ratio of staff at all times meet the care needs of residents.	
Criterion Assessed: 25.1 At all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.	COMPLIANCE LEVEL
Inspection Findings:	
<p>On the day of the inspection the following staff were on duty to care for the 20 persons accommodated:</p> <ul style="list-style-type: none"> • registered manager x 1 • senior care assistant x 1 • care assistant x 3 • domestic x 3 • catering x 3. <p>An administrative officer was scheduled on duty but was on sick leave. This issue is more fully addressed in point 25.4. Night duty staffing levels are two wakened care staff and one sleep in and on call senior staff.</p>	Compliant
Criterion Assessed: 25.2 The number and ratio of staff to residents is calculated using a method that is determined by the Regulation and Quality Improvement Authority. Students and volunteers working in the home are not taken into account in the overall staffing calculation.	COMPLIANCE LEVEL
Inspection Findings:	
The manager is knowledgeable in regard to the minimum staffing guidelines published by the RQIA. The guidelines are used to calculate the staffing levels and the information is sent to the RQIA as part of the annual pre inspection information. The home does not use volunteers and any student undertaking a placement is supernumerary and not counted as a staff member.	Compliant

STANDARD 25 - STAFFING	
The number and ratio of staff at all times meet the care needs of residents.	
Criterion Assessed: 25.3 There is a competent and capable person in charge of the home at all times.	COMPLIANCE LEVEL
Inspection Findings: There is always a senior care assistant in charge of the home in the absence of the registered manager. Competency and capability assessments have been undertaken in respect of each senior and these are revisited and updated annually in line with regulation (20)(3) of the Residential Care Homes Regulations (NI) 2005. It is good practice to annually review staff competency and this is commended.	Compliant
Criterion Assessed: 25.4 Administrative and ancillary staff are employed to ensure that minimum standards relating to their respective responsibilities are fully met.	COMPLIANCE LEVEL
Inspection Findings: Designated domestic and catering staff are employed for sufficient hours in the home. An administrative officer is employed 14 hours per week. The RQIA guidance document states that 18 hours per week are needed for homes registered to accommodate 35 persons. In addition there appeared to be many documents sitting around the office which the inspector was informed required filing / archiving. This was not being undertaken as the administrative officer was on a period of leave. There is no system for a temporary replacement to be deployed to the home. A requirement has been made in this regard.	Substantially compliant
Criterion Assessed: 25.5 Records are kept of all staff that includes name, date of birth, previous experience, qualifications, starting and leaving dates, posts held and hours of employment.	COMPLIANCE LEVEL
Inspection Findings: The records of individual staff details as listed above are held in staff development files in the home. It was noted that details of each staffs' registration with the NISCC is also recorded.	Compliant

STANDARD 25 - STAFFING	
The number and ratio of staff at all times meet the care needs of residents.	
Criterion Assessed: 25.6 A record is kept of staff working over a 24-hour period and the capacity in which they worked.	COMPLIANCE LEVEL
Inspection Findings: The inspector examined the staff rotas. These showed that care staff undertake mixed day / night shifts over a nine week period. The rotas showed that the home is adequately staffed over the 24 hour period.	Compliant
Criterion Assessed: 25.7 Time is scheduled at staff or shift changes to handover information regarding residents and other areas of accountability.	COMPLIANCE LEVEL
Inspection Findings: Day staff commence duty 15 minutes before night staff are due to finish. Night staff commence at 9.00pm and day staff finish at 9 30pm. This leaves ample time for a verbal handover to take place. In addition, the manager and senior staff have a dedicated time each day from 2.00pm to 3.00pm when the progress / deterioration of each resident is discussed. This level of daily communication is good practice and commended.	Compliant
Criterion Assessed: 25.8 Staff meetings take place on a regular basis and at least quarterly. Records are kept that include: - <input type="checkbox"/> The date of all meetings <input type="checkbox"/> The names of those attending <input type="checkbox"/> Minutes of discussions <input type="checkbox"/> Any actions agreed.	COMPLIANCE LEVEL
Inspection Findings: Staff meetings have most recently been held in July 2013, October 2013 and February 2014. The meetings are minuted and records examined contained the elements listed in this criterion.	Compliant

ADDITIONAL AREAS EXAMINED

RESIDENTS

On the day of this inspection many of the residents were attending a service of communion for Holy week. Others were relaxing in their bedrooms and lounges. One resident told the inspector that she was well looked after and that staff "are very kind" but that she plans to return to her own home although, "I will probably miss the company". One resident was receiving attention from a community nurse. The resident said that she is happy in the home and was really grateful for the communion service organised for Easter.

RELATIVES

One relative was visiting and agreed to speak with the inspector. The relative stated that he and his family had been very concerned about his parent before his / her admission to Rectory Field. However, since admission "a great improvement" had been noted. The relative attributed this to the caring staff, the homely ethos and the good food. The inspector was told that the family were free to visit at any time and were always made welcome. The relative raised anxiety about the uncertain future of the home in regard to the long term.

STAFF

The inspector met and spoke with staff on duty of various grades. All spoke positively in terms of their role in caring for the residents, the teamwork and the support from the manager. Staff highlighted the uncertainty of the home's future as a concern but confirmed that they are intent to maintain a high standard of care "for whatever time the home is open".

Staff interactions with residents were seen to be courteous, warm and supportive.

ENVIRONMENT

The inspector walked around the building and found it to be clean, and tidy. It was noted that one bedroom door had been propped open. This is not safe practice and the propping open of any internal doors should cease.

The internal décor and furnishings, while serviceable are in some areas dated and tired looking. Ms Moran stated that she has been given verbal confirmation that the resources are available for an internal up-grade of the home. A recommendation has therefore not been made on this occasion. Progress in the area will be reviewed at the next inspection.

Fire

Records showed that fire training for staff was most recently provided in February 2014. It was noted that a further session is planned for May 2014 to "mop up" staff unable to attend the February session.

Post Script

As mentioned in this report concern about the future of the home was shared with the inspector by residents, a relative and staff. Since the inspection and before this report was issued a Ministerial announcement has been made that the prospect of closure has been averted. It is hoped that this will bring assurance to the staff, residents and families in Rectory Field.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Ms Dolores Moran, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

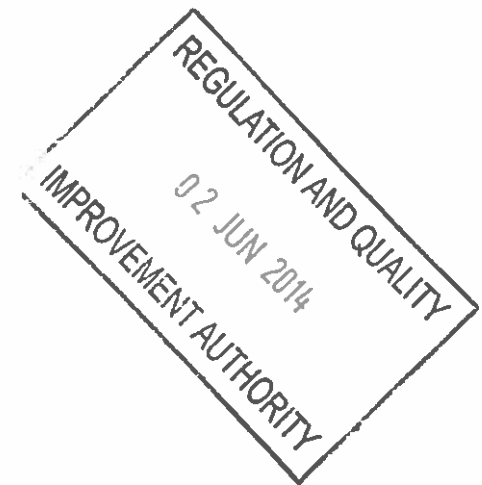
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



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Authority



Quality Improvement Plan
Secondary Unannounced Care Inspection

Rectory Field

16 April 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Dolores Moran, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 25.4 Regulation 20 (1) (a)	Staffing levels should comply with the RQIA guidance.	First	The WHSCT has approved the increase in secretarial hours to ensure staffing levels in Rectory Field comply with RQIA guidance.	By 25 May 2014 and on going
2	Regulation 27 (1) (b)	Fire doors should not be propped open at any time.	First	Notices have been displayed throughout the home to ensure staff are keenly aware that it is not acceptable for any fire doors to be propped open at any time. All staff have also been reminded in staff meetings and in formal supervision to adhere at all times to fire regulations. In addition, Officer in Charge has requested Fire Officer to highlight incident and to show video of consequences of a fire door being propped open in next fire training sessions.	Immediate and on going

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Dolores Moran
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	<i>Eaine Way</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	<i>Ruth Reed</i>	9.6.14
Further information requested from provider			