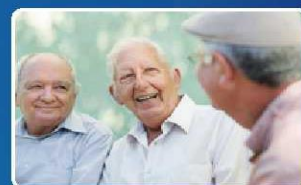




The Regulation and  
Quality Improvement  
Authority

# Unannounced Care Inspection Report 21 October 2018



## Rectory Field

**Type of Service: Residential Care Home**  
**Address: 19b Limavady Road, Londonderry, BT47 6JU**  
**Tel No: 028 7134 7741**  
**Inspector: John McAuley**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with thirty five registered places for residents whose needs have been assessed within the categories of care cited on the certificate of registration and in section three below. The home has designated a number of places for use as part of a “Bridging Beds” initiative. This a scheme to enable early discharge from hospital by providing a temporary period, in the home, of care and rehabilitation before residents return to their own homes.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western HSC Trust  <b>Responsible Individual:</b> Anne Kilgallen	<b>Registered Manager:</b> Dolores Moran
<b>Person in charge at the time of inspection:</b> Lelia Godrey, senior care assistant	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category PH – Physical disability other than sensory impairment – for five residents only	<b>Number of registered places:</b> 35

### 4.0 Inspection summary

An unannounced care inspection took place on 21 October 2018 from 10.00 to 14.15 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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

Evidence of good practice was found in relation to the general nice atmosphere in the home and that care duties and tasks were unhurried and organised. Residents were comfortable, relaxed and at ease in their environment and interactions with staff. Good practices were also found in relation to care records and communication between residents, staff and other interested parties, and in particular the multi-professional healthcare team.

One area requiring improvement was identified. This was in relation to risk assessments on radiators / hot surfaces with subsequent appropriate action.

Feedback from residents and one visiting relative was all positive and complementary. Residents were keen to express their praise and gratitude for the provision of care, the kindness and support received from staff and the provision of meals.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

## 4.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) were discussed with Lelia Godrey, senior care assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 26 April 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the 16 residents, one visiting relative, five members of staff of various grades and the senior care assistant in charge.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering, Infection Prevention and Control (IPC), NISCC registration
- Infection control records
- Equipment maintenance records
- Accident, incident, notifiable event records

- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures

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 most recent inspection dated 8 May 2018

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 26 April 2018

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

## 6.3 Inspection findings

### 6.4 Is care safe?

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

The senior care assistant advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were used in the home. The senior care assistant stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, a residents' representative and staff.

Inspection of the duty rota confirmed that it accurately reflected the staff working within the home.

A register of staff working in the home was available and contained all information as outlined within the legislation.

Discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Discussions with an agency member of staff also confirmed that they had received an induction to the home and they felt there were made welcomed as part of the team.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were inspected during the inspection.

Discussion with staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Both the senior care assistants on duty confirmed that there were in receipt of this assessment and felt competent in fulfilling this role.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. Records of recruitment were retained at the Western Health and Social Care Trust's personnel department.

AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff, with update training planned for 25 October 2018.

Discussion with the senior care assistant, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The senior care assistant stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. An inspection of care records identified that residents' care needs and risk assessments were obtained from the Trust prior to admission.

The home's policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The senior care assistant advised there were no restrictive practices within the home and on the day of the inspection none were observed.

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. There is a member of staff who is designated link to the specialist infection control nurses. This member of staff attends meetings with community infection control nurses and cascades best practice advice to staff in the home. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken and action plans developed to address any deficits noted.

The senior care assistant reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with Trust's policy and procedures, reported to the Public Health Agency and RQIA with appropriate records retained.

The senior care assistant reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

The home was clean and tidy with a good standard of décor and furnishings being maintained. Permanent residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. An area of improvement in accordance with legislation was identified with radiators/hot surfaces. A number of these were excessively hot to touch and posed as a significant risk if a resident were to lie against the surface in the event of a fall. All radiators/hot surface need to be individually



risk assessed in accordance with current safety guidelines with subsequent appropriate action. Advice was given in this matter.

It was reported that plans are actively in place to install new lighting in the corridors. Some areas of the corridors were dim at the time of this inspection.

There were no other obvious hazards to the health and safety of residents, visitors or staff.

A questionnaire was left for the registered manager to submit details to RQIA of the date of the last Legionella risk assessment and confirmation that all recommendations had been actioned

It was established that no residents smoked.

The senior care assistant advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check and log in with the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The senior care assistant that there were no manual handling equipment used in the home but if a hoist were to be used it would be inspected as per the Lifting Operations and Lifting Equipment Regulations (LOLER).

A questionnaire was left for the registered manager to submit details to RQIA of the date of the last fire safety risk assessment and confirmation that all recommendations had been actioned

Inspection of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records inspected confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents and one relative spoken with during the inspection made the following comments:

“You won’t find anything wrong here. It is a great place” (relative)

“Things are very organised and in place for the safety of everyone.” (staff member)

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding and infection prevention and control.

**Areas for improvement**

One area of improvement was identified in respect of this domain. This was in relation to risk assessing radiators/hot surfaces.

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



## 6.5 Is care effective?

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

Discussion with the senior care assistant manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

An inspection of three residents' care records was undertaken. This sample confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments such as manual handling, nutrition and falls where appropriate were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, staff were observed to facilitate residents' individual preferences in terms of privacy and social activities.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dinner time meal was appetising and nicely presented. The provision of choice was clearly promoted and in place. The dining room tables were nicely set with choice of condiments. The dining room had a relaxed atmosphere for residents to enjoy their meals. Staff assisted residents in a kind unhurried manner which added to the ambience. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the senior care assistant confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner. No residents were reported to be in need of this area of care at the time of this inspection.

Arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, care review, accidents and

incidents (including falls, outbreaks), complaints, environment, catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The senior care assistant advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers.

Observation of practice evidenced that staff were able to communicate effectively with residents. Staff interactions with residents were observed to be polite, friendly, warm and supportive.

Discussion with staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the latest RQIA inspection reports were on display or available on request for residents, their representatives any other interested parties to read.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Discussions with both senior care assistants on duty confirmed that had good knowledge and understanding of the roles of other healthcare professionals and means of communicating with them.

Residents spoken with during the inspection made the following comments:

“The dinners are lovely. Almost too nice!” (resident)

“The meals are very nice. It’s great having all that being taken care of.” (resident)

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other interested parties.

**Areas for improvement**

No areas for improvement were identified in respect of this domain during the inspection.

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

**6.6 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.**

A range of policies and procedures was in place which supported the delivery of compassionate care.

The senior care assistant manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected. This was also evident in how staff were sensitive in discussing handover information and how they address residents by their preferred names.

Discussion with staff, residents and observations of care practices confirmed that residents' spiritual and cultural needs were met within the home. At the time of this inspection a visiting lay clergy member was visiting a small group of residents in the privacy of suitable lounge.

Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of care records, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate. Care records also evidenced that assessed issues of pain and discomfort had a corresponding recorded statement of care given with effect of same.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. This included information relating to the menu, activities and events and other support services in the community.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Call assistance alarms were answered promptly and residents' general needs were delivered in a organised unhurried manner.

Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. Residents were encouraged and supported to actively participate in the reviews of their care. Other systems of communication included, residents' meetings, suggestion box, visits by the registered provider.

Discussion with staff, residents, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents were relaxing, watching television, reading and / or enjoying the company of one another. Recent events in the home included a trip to the Millennium Forum on 30 August 2018 and a trip to Roe Valley on 10 September 2018. Arrangements were also in place for residents to maintain links with their friends, families and wider community.

The inspector met with 16 residents at the time of this inspection. All were keen to express their praise and gratitude for the provision of care in the home and the kindness and the support received from staff. Some of the comments made included statements such as;

"It's a home from home here. I like it very much. There is good company and the food is lovely"

"I am very happy here. I have no complaints"

"It's a lovely place. The staff couldn't be any kinder"

“It’s just marvellous”

“We are all treated as individuals and the staff go out of their way to care for everyone. Specially those who maybe a little confused. I just think it is wonderful”

“No grumbles at all. You won’t find any too”

“I love the company. It means the world to me”

“The staff are all gems.”

The inspector also met with one visiting relative who spoke in positive terms about the provision of care, the staff and the overall atmosphere in the home. This relative also stated that they felt very reassured and confident with the home and that their relative was doing very well there since admission.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to feedback from residents and one visiting relative and general observations of care practices.

**Areas for improvement**

No areas for improvement were identified in respect of this domain during the inspection.

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

**6.7 Is the service well led?**

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

The senior care assistant outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

The home’s complaints policy and procedure was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s Guide and information on display in the home. Discussion with senior care assistants confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints. RQIA’s complaint poster was available and displayed in the home.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was inspected as part of the inspection process.

Discussion with staff confirmed that information in regard to current best practice guidelines was made available. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. The reports of 23 July 2018, 16 August 2018 and 20 September 2018 were inspected and found to be maintained in informative detail. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

The senior care assistant advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. Discussion with staff also confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and maintenance of good working relationships.

## Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Lelia Godfrey, senior care assistant, 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27 (2) (t)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 January 2019</p>	<p>The registered person shall risk assessed all individual radiators / hot surfaces in accordance with current safety guidance with subsequent appropriate action.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> I have liaised with Billy McCracken from Estates and also Joanne Hasson (Performance and Service Improvement). Billy has emailed me to explain a minor capital works has been submitted for radiator covers to be fitted. Joanne is going to arrange a strategy meeting with Deirdre Walker (Assistant Director) to look at ways of reducing risk as well as ensuring the correct temperature of rooms during the winter period.</p>
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