



Unannounced Care Inspection Report 23 September 2019



Rectory Field

Type of Service: Residential Care Home
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Assurance, Challenge and Improvement in Health and Social Care

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 35 residents in the categories of care as listed in section 3.0 below.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual: Anne Kilgallen	Registered Manager and date registered: Dolores Moran 1 April 2005
Person in charge at the time of inspection: Dolores Moran	Number of registered places: 35
Categories of care: Residential Care (RC) I - Old age not falling within any other category PH - Physical disability other than sensory impairment	Total number of residents in the residential care home on the day of this inspection: 12

4.0 Inspection summary

An unannounced inspection took place on 23 September 2019 from 10.15 hours to 15.15 hours.

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.

Evidence of good practice was found in relation to staffing arrangements, infection prevention and control, fire safety, person centred assessment and care delivery and catering arrangements. Residents were treated with dignity and respect, were given choice and their views and wishes were listened to and valued. There was also evidence of good practice regarding the management and governance arrangements, maintenance of good working relationships and complaints management.

Areas requiring improvement were identified in relation to the home's environment and ensuring more robust safe and healthy working practices.

Residents told us that staff were helpful and described the food as lovely.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	1

*The total number of areas for improvement includes one regulation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Dolores Moran, registered manager and Rachel Casey, 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 inspection dated 18 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 18 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspection findings registration 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. Two residents responded and reported they were very satisfied that the care in the home was safe, effective and compassionate and that the service was well led.

A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the allocated time frame of two weeks.

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

- staff duty rota from 23 September 2019 to 13 October 2019

- staff training schedule and training records
- Northern Ireland Social Care Council (NISCC) registration checks
- staff annual appraisal and supervision schedule
- fire safety records
- the care records of four residents
- monthly monitoring reports from May 2019 to August 2019
- RQIA registration certificate
- accidents and incidents records from March 2019 to September 2019
- complaints and compliments records from March 2019 to July 2019
- hand hygiene audits for September 2019
- catering survey dated June 2019

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as partially met.

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 18 November 2018

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (t) Stated: First time	The registered person shall risk assessed all individual radiators / hot surfaces in accordance with current safety guidance with subsequent appropriate action. Ref: 6.4	Partially met
	Action taken as confirmed during the inspection: There was evidence that an individual risk assessment is in place for all residents regarding safety with radiator temperature. A radiator cover has been fixed to one radiator in the home. Staff described how this continues to be monitored in the home, and appropriate action taken if required. However, there was no written evidence to corroborate this. This area for improvement has therefore been partially met and has been stated for a second time under the regulations.	

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.

There was a relaxed atmosphere in the home throughout the inspection. Staff attended to residents in a calm, timely and attentive manner. No concerns regarding staffing levels were raised by management, residents or staff during the inspection. Residents told us:

- “There are enough staff and they are always around.”
- “They (staff) always answer the buzzer when I need them.”

The duty rota reflected the staffing levels on the day of inspection and as outlined by the person in charge; however it did not include the hours worked by the registered manager and did not identify the person in charge. These areas were discussed with the registered manager who agreed to address this immediately.

Staff were registered with the Northern Ireland Social Care Council (NISCC) and this was being adequately monitored by the registered manager. There was also a clear record of the monitoring and completion of staff supervision and appraisals ensuring competent staff were in post in the home.

When we spoke with staff, they showed a good understanding of how to protect residents from abuse. Staff outlined reporting mechanisms and processes for raising concerns under Adult Safeguarding procedure or whistle-blowing.

The home was clean, tidy, and warm. Residents told us:

- “The home is always clean and tidy.”
- “My clothes are kept clean.”

The home was in a generally good decorative state. The blinds in some of the bedrooms were broken and in need of replacing. This has been stated as an area for improvement under the standards.

We also found that the outside area of the home had scaffolding in place due to repairs required to the outside wall. This has previously been reported to the trust estates service however had yet to be fully addressed. The manager contacted the trust estates department during the inspection and was able to confirm that funding was in place to repair this area; the home have agreed to provide RQIA with an time line of when this work will take place.

We highlighted some areas where the home needed to maintain more robust practices with Control of Substances Hazardous to Health (COSHH). This was in relation to substances stored in unlocked stores and the laundry. This has been stated as an area for improvement under the regulations.

Throughout the inspection we could see that arrangements were in place to make sure the home was kept clean and as far as possible, free from infection. Domestic cleaning was noted to be in progress throughout the home during the inspection. Personal Protective Equipment (PPE) was available; appropriate aprons were worn during meal times and hand sanitising gel was used regularly by staff. Review of the infection prevention and control records assured us that training was being carried out and was up to date for all staff.

Observation of the home’s environment and review of records confirmed adequate fire safety precautions were in place in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, infection prevention and control and fire safety.

Areas for improvement

Two areas for improvement were identified in relation to the home’s environment and ensuring more robust safe and healthy working practices were in place regarding the management of COSHH.

	Regulations	Standards
Total numb of areas for improvement	1	1

6.4 Is care effective?

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

Residents looked well cared for and it was clear that time had been taken to support residents with maintaining their personal care and appearance. For instance, glasses and walking aids appeared clean and in good working order. Comments from residents who responded to our questionnaires included:

- “Excellent care.”
- “I feel spoilt and the carers are all very kind and very willing to help.”

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 as individuals.

Discussion with the manager and staff confirmed that they had a 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. This was evident in our observations of care being delivered in an organised and timely manner.

Care records were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents. Care plans were in place for residents along with risk assessments for their individual needs. One

care plan lacked person-centred detail and some resident’s agreements were not signed and dated. This was discussed with the manager who agreed to address these issues immediately.

We observed lunch being served. There was a nice atmosphere in the dining room as residents sat chatting and enjoying each other’s company. The daily menu was displayed on the white board in the dining room clearly. The food smelled appetising and appropriate portions were served. Staff were visible and involved with residents in offering any assistance needed. Residents told us:

- “The soup is beautiful.”
- “Absolutely gorgeous (food).”
- “Lovely food here.”
- “The food is good.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to person centred assessment and care delivery and catering arrangements.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

Throughout the inspection residents were treated with dignity and respect to their needs as individuals. Residents described how they were involved in decisions with staff and visiting professionals regarding their treatment, care and the support they required. We spoke to residents who told us that the home was as close to living at home as possible:

- “The staff are amazing.”
- “Staff will always help me when I need it.”

Throughout the inspection residents were asked about their wishes and choices by staff which showed that they were involved in all aspects of their care as well as being treated with compassion and respect. Residents choose what to wear, what to eat and drink, and where they wanted to spend their time.

Person centred care was facilitated through the use of life story work to gather details of residents backgrounds and life events. Care records also contained information on residents preferred activities.

Residents were supported to maintain their relationships with friends and family, as visitors were warmly welcomed to the home. Discussion with relatives and observation of practice confirmed that residents’ relatives were kept informed and involved in their relatives care. Relatives told us:

- “I have no complaints about the care here.”
- “My mother is always looked after and her clothing clean to her liking.”

The home displayed the numerous thank-you cards received from current and previous residents and their families. These contained excellent feedback on the quality of care provided in the home and the kindness shown by staff. The home is also now retaining a compliments database which highlights the good practice in the home.

Areas of good practice

There were examples of good practice found throughout the inspection as residents were treated with dignity and respect, were given choice and their views and wishes were listened to and valued.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	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.

Discussion with the registered manager and review of the care records confirmed that the home was currently operating within their registration and categories of care. The RQIA certificate of registration was displayed and accurate.

Accident and incidents records were acceptable. There was clear records that the registered manager ensured close liaison with multi agency professionals to ensure that residents who were under their care were being fully supported.

The senior care assistant in charge acted with confidence and competence throughout the inspection and was able to provide information about the management of the home and the care of its residents in a professional manner. Suitable arrangements had been made to cover management absences in the home and we reviewed the arrangements for communicating these arrangements to RQIA.

Interaction between the manager, residents and staff indicated a good rapport with oversight of the daily activities within the home. Residents told us:

- “The manager is very approachable.”
- “I couldn’t speak highly enough of the management.”

Staff told us:

- “The manager is very hands-on and I have no complaints.”
- “The manager is supportive and approachable.”

The complaints procedure was displayed on the wall and easily accessible by the residents and their relatives. An inspection of the record of complaints together with discussions with the registered manager confirmed that expressions of complaint or dissatisfaction are taken seriously and managed appropriately. The small number of complaints were documented and showed that a clear outcome was achieved. This is a clear indication of the quality of care and management provision within the home.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified within this domain 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 Dolores Moran, registered 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) (t)</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection</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>Response by registered person detailing the actions taken: New daily recorded "Radiator Checks" have been implemented and signed and dated by Senior Staff. Any scald risks, highlighted or identified, are actioned by Duty Manager immediately and then by the Trust's Maintenance Department, if necessary.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 – (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure as far as reasonably practicable that all parts of the residential care home to which residents have access are free from hazards to their safety and unnecessary risks to the health, welfare or safety of residents are identified and so far as possible eliminated.</p> <p>This is in relation to the chemicals stored in the unlocked stores and laundry.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Registered Manager spoke to staff individually about their responsibility and risk in leaving the store, where chemicals are stored, unlocked. It has been reiterated to staff that it is essential that the Store is to be kept locked at all times. Further updated COSHH training scheduled for staff.</p> <p>Registered Manager has also liaised with Fire Officer and Maintenance Department and appropriate lock was fixed to Laundry Door on 31 October 2019 and this will ensure chemicals are stored securely and as far as possible to eliminate unnecessary risks to the health, welfare and safety of residents.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27.1 Stated: First time	The registered person shall ensure the building is kept decorated to a standard acceptable for the residents. This is in relation to the window blinds in residents bedrooms. Ref: 6.3
To be completed by: 31 December 2019	Response by registered person detailing the actions taken: Registered Manager will endeavour to source funding from the Registered Provider, to ensure that all Window Blinds in Residents Rooms will be replaced by the requested date of 31 December 2019.

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



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