

Inspection Report 27 and 29 April 2021



Rectory Field

Type of Service: Residential Care Home (RCH)
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Tel No: 028 7134 7741
Inspectors: Rachel Lloyd and Laura O'Hanlon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to 35 residents. This home currently provides a rehabilitation service for those discharged from hospital.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual: Dr Anne Kilgallen	Registered Manager and date registered: Mrs Rachel Casey - acting no application required
Person in charge at the time of inspection: Ms Michelle McGilloway, Acting Senior Care Assistant - 27 April 2021 Mrs Rachel Casey – 29 April 2021	Number of registered places: 35 RC-PH category of care for 5 residents only
Categories of care: Residential Care (RC) I – Old age not falling within any other category PH – Physical disability other than sensory impairment	Number of residents accommodated in the residential home on the day of this inspection: 6 - 27 April 2021 5 - 29 April 2021

4.0 Inspection summary

An unannounced medicines management inspection took place on 27 April 2021 from 10.20am to 1.50pm. The inspection was completed by a pharmacist inspector. An unannounced care inspection took place on 29 April 2021 from 10.00am to 4.30pm.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements
- medicines management

Residents said that they were happy with the care provided in the home and that staff were kind to them.

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	*1	0

*this includes one area for improvement which was carried forward for review at the next care inspection. No new areas for improvement were identified during these inspections.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care and medicines management inspection reports
- the returned QIPs from the previous inspections.

The care inspector met with four residents and three staff. The pharmacist inspector met with one member of staff. Questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspectors provided the manager with 'Tell us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

At the time of issuing this report, three questionnaires had been returned from residents. All comments were complimentary and all indicated they were very satisfied with the care received. No staff responses were received.

The following records were examined during the inspection:

- staff duty rotas
- staff training records
- staff supervision/appraisal schedule
- staff competency and capability assessments
- two records of staff pre-employment checks
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- COVID-19 information file
- a selection of governance audits
- monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- three resident's records of care

- the current fire risk assessment
- RQIA registration certificate

To complete the medicines management inspection: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines, were reviewed.

The inspectors:

- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept

The findings of the inspection were provided to the person in charge at the conclusion of each day of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The last medicines management inspection was undertaken on 8 May 2018 by a pharmacist inspector; no areas for improvement were identified.

The most recent inspection of the home was an unannounced care inspection undertaken on 23 October 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 Stated: First time	The registered person shall ensure that the monthly quality monitoring visit report is robust, that it provides sufficient information on the conduct of the home and that it includes an action plan with timescales to address any deficits identified.	Met
	Action taken as confirmed during the inspection: A review of the quality monitoring reports for March and April 2021 confirmed that sufficient detail was recorded including an action plan. In addition to this the manager has developed their own action plan which is signed and dated when the action is completed.	

Area for improvement 2 Ref: Regulation 30 Stated: Second time	The registered person shall ensure that RQIA are notified of any event in the home in accordance with Regulation 30.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area for improvement was not reviewed and will be reviewed at the next care inspection.	
Area for improvement 3 Ref: Regulation 32 (1) (h) Stated: First time	The registered provider should submit a variation application to RQIA in relation to the changes made and proposed throughout the home.	Met
	Action taken as confirmed during the inspection: There were no further changes undertaken in relation to the home. The previously identified areas were returned to the purpose for which they were registered. This matter was discussed with the manager during the inspection who confirmed that she was aware of the need to submit a variation should this be required.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: Second time	The registered person shall ensure the building is decorated to a standard acceptable for the residents. This is in relation to the window blinds in residents' bedrooms.	Met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed that there were new window blinds in place in residents' bedrooms.	
Area for improvement 2 Ref: Standard 20.20 Stated: First time	The registered person has arrangements in place to confirm that staff supplied by an agency or other service have been recruited and checked in accordance with the recruitment procedures used by the home.	Met
	Action taken as confirmed during the inspection: Discussion with the manager confirmed that agency staff have not been required in the home since November 2020.	

	The manager confirmed that if agency staff were utilised in the home that she was aware of the need to ensure that the correct recruitment procedures were implemented.	
Area for improvement 3 Ref: Standard 27.11 Stated: First time	The registered person shall ensure that all structural changes or change of use to the registered building and/or alterations to engineering services are approved by the Regulation and Quality Improvement Authority and, where relevant, other statutory authorities.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of the environment confirmed that there were no structural changes or alterations made to the building. The manager advised that they were aware of the need to inform RQIA and other statutory authorities should this be required.	

6.2 Inspection findings

6.2.1 Staffing

During the inspection we could see that residents' needs were met promptly by the staff on duty. The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents and that the staffing levels would be adjusted when needed. Discussion with the residents and staff confirmed that they were satisfied with the staffing arrangements in the home. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

Staff were knowledgeable about the needs of the residents and were seen to speak to them kindly and with warmth. Staff told us that teamwork was good and that the manager was both supportive and approachable. The staff reported that they all work together for the benefit of the residents. Staff spoken with commented positively on their work in the home; some comments included:

- "This is a good place to work. As a staff member I feel supported in my work and there is good care provided here. There is a good positive and open culture in this home. We are always learning here and do not stagnate."
- "The staffing levels are adjusted according to the number of residents in the home. We are all clear in terms of our role. This is a good staff team. The residents are all safe and well looked after. It is great to see the rehabilitation which takes place to maintain a resident's independence."

- “There is a high standard of care provided. There are enough staff on duty and this is increased accordingly.”

We could see that the duty rota accurately reflected the staff working in the home and the manager's hours were recorded. The rota recorded the full names and grades of staff and the person in charge of the home in the absence of the manager was clearly identified.

Review of two staff recruitment records evidenced that the manager had oversight of the necessary pre-employment checks which were completed prior to staff commencing work in the home.

We reviewed two staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. A supervision and appraisal schedule was in place to ensure that this was completed with staff.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC). Review of this record confirmed that all staff were appropriately registered. This record was checked on a monthly basis by the manager.

There was an overview of staff training in place which included mandatory training and additional training where this was required. The manager said that training had been completed mainly on-line during the COVID-19 pandemic but face to face, socially distanced, training would again be organised

6.2.2 Infection prevention and control procedures (IPC)

Information and signage was displayed at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed; hand sanitiser and the recommended Personal Protective Equipment (PPE) was available. The manager confirmed that all staff and residents had a twice daily temperature check recorded; review of records confirmed this.

Staff spoken with advised that an enhanced cleaning schedule was in place and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

The staff had identified changing facilities where they could put on their uniform and the recommended PPE. PPE was readily available and PPE stations were well stocked. We observed that staff used PPE according to the current guidance. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to don and doff PPE correctly.

The wearing of nail extensions by one member of staff was discussed regarding infection prevention and control; it was agreed that this would be addressed after the inspection.

6.2.3 Care delivery

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. Residents were well presented, and had been supported by staff in maintaining their personal care in a timely and discreet manner. There

was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

Residents appeared to be content and settled in their surroundings and in their interactions with staff. Some comments included:

- “The food is excellent. The staff are very attentive. I wasn’t feeling well today so the staff brought my breakfast to my bedroom.”
- “This is a great place; the staff are excellent. We are well cared for, if I want anything, I will get it. The food is excellent.”
- “The staff are brilliant; if I want anything I just use the buzzer. This is a great place. The food is excellent and I am really happy here.”

We observed the serving of lunch in the dining room. A menu was on display and there were two options of main course available. Residents were offered a selection of drinks and condiments were on the tables. The food on offer was served from a heated trolley, was well presented and smelled appetising. Staff provided residents with assistance and encouragement as necessary. The mealtime was relaxed and unhurried. We saw that staff wore the appropriate PPE and sat beside residents when assisting them with their meal.

The manager told us that the current guidance regarding visiting was being followed in the home. Relatives make an appointment to visit; staff meet them on arrival, assist with PPE and IPC measures and take them to the allocated visiting area in the dining room. Staff also assist residents with window visits, virtual visiting and telephone calls. We discussed the care partner initiative and the manager advised this was offered to relatives however there was presently no uptake of this. The care records contained the relevant visiting risk assessments.

We observed residents engaged in their own activities such as; watching TV, sitting in the lounge or chatting to staff. Staff were very aware of each resident’s likes, dislikes and strengths and were easily able to reassure a resident when this was required.

6.2.4 Care records

We reviewed three care records which evidenced that care plans were in place to direct the care required and reflected the assessed needs of the residents. The records were written in a professional manner and used language which was respectful of residents.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs. Risk assessments including the management of falls were also present.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents’ needs, as required.

6.2.5 Environment

We reviewed the environment and looked at a selection of bedrooms, bathrooms, lounges, the dining room and storage areas. We observed that the home was warm, clean, tidy and fresh

smelling throughout. Residents' bedrooms were personalised. Corridors and fire exits were clear of obstruction.

Review of the fire risk assessment carried out on the 18 August 2020, evidenced that any actions identified were addressed and signed as completed by the manager.

6.2.6 Governance and management arrangements

There is a clear management structure within the home. The manager confirmed that she undertakes a daily walk around the home so that she is appraised with everything. All staff and residents spoken with commented positively about the manager and described her as supportive and approachable. Comments included:

- Rachel (manager) is very approachable.”
- Rachel is very good; she is very easy to talk to. I could easily raise a concern.”
- Rachel is very approachable and understanding. She goes out of her way to show you and make sure you understand; she is very thorough.”

We reviewed a number of audits in relation to hand hygiene, PPE and care records. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

A review of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome. Records of compliments were also retained in the home.

An inspection of accidents and incident reports was undertaken. Review of these records evidenced that not all notifiable incidents had been reported to RQIA. This was discussed with the manager to clarify those accidents and incidents which should be reported and we agreed that this would be reviewed again at the next inspection.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. Copies of the report were available for residents, their representatives, staff and trust representatives. Where areas for improvement were identified, there was an action plan in place with defined timeframes.

6.2.7 Medicines Management

Residents in the home were receiving residential step-down care following discharge from hospital; they were provided with a supply of medicines by the hospital. Any further supplies of medicines needed were prescribed by the GP and dispensed by the community pharmacist

Medicine records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to provide a double check that they are accurate.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

Some residents self-administer their medicines as they would prior to admission and when discharged home. This was recorded on medication records and care plans were in place.

The records inspected showed that medicines were mostly available for administration when residents required them. One exception was discussed and was found to have been managed satisfactorily. Staff advised that they had a good relationship with the community pharmacist and that further supplies of medicines were provided in a timely manner if needed.

Medicines were stored in each resident's bedside locker which is kept locked; those responsible for self-administration of their medicines additionally hold a key. The medicines storage area for other stock, including medicines for disposal, the medicines refrigerator and the controlled drugs cupboard was observed to be securely locked to prevent any unauthorised access.

The disposal arrangements for medicines were reviewed. Medicines in use were transferred to the resident at the time of their discharge. Discontinued or expired medicines were returned to the community pharmacy for disposal. Records were maintained.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs were recorded appropriately in controlled drug record books.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice. The audits completed during this inspection showed that residents had been given their medicines as prescribed.

Records for two recent admissions to the home were reviewed. Robust arrangements were in place to ensure that staff were provided with a list of prescribed medicines and this was shared with the GP and community pharmacist. Medicines had been accurately received into the home and administered in accordance with the most recent directions. There was evidence that staff had followed up any discrepancies in a timely manner to ensure that the correct medicines were available for administration.

The medicine cups used to administer medicines to residents were labelled as single use therefore; they should be discarded after each use. Staff advised that the cups are washed after use and then reused. This matter was discussed and an assurance was provided that this practice would be reviewed.

The audit system in place helps staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported.

Medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person

has a responsibility to check that staff are competent in managing medicines and that staff are supported. Policies and procedures should be up to date and readily available for staff use.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments. Policy and procedure documents were in place.

Areas of good practice

Evidence of good practice was found in relation to the friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

There was evidence of appropriate leadership and management structures within the home and residents appeared to be content and settled in their surroundings. Staff were knowledgeable regarding the needs of residents and how to access relevant services to ensure that the needs of residents are met.

Throughout the inspection, residents within the home were attended to by staff in a respectful manner. Feedback from residents evidenced that they were very satisfied with the standard of care being provided.

The inspection also sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led regarding the management of medicines. We can conclude that overall, the residents were being administered their medicines as prescribed.

No new areas for improvement were identified.

Thank you to the residents and staff for their assistance throughout the inspection.

7.0 Quality improvement plan

There were no new areas for improvement identified during this inspection. The QIP includes an area for improvement which has been carried forward for review at the next care inspection only. Findings of the inspection were discussed with Michelle McGilloway, acting senior care assistant and Rachel Casey, manager, on the respective inspection days, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 2 Ref: Regulation 30 Stated: Second time To be completed by: With Immediate effect	The registered person shall ensure that RQIA are notified of any event in the home in accordance with Regulation 30.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection. Ref: 6.2

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