

Unannounced Care Inspection Report 12 August 2020



Rowandale

Type of Service: Residential Care Home
Address: 1-3 Shingle Cove, Bay Road, Carnlough, BT44 0EH
Tel No: 028 2888 5543
Inspector: Mandy Ellis

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 residential care for up to 15 residents.

3.0 Service details

Organisation/Registered Provider: Lynn McKillop Ltd Responsible Individual: Fergal Joseph Lynn	Registered Manager and date registered: Fergal Joseph Lynn – 9 May 2011
Person in charge at the time of inspection: Norma McIntyre - Registered Nurse.	Number of registered places: 15
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	Total number of residents in the residential care home on the day of this inspection: 9

4.0 Inspection summary

An unannounced inspection took place on 12 August 2020 from 09.40 to 14.15 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

The following areas were examined during the inspection:

- Staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC) / Environment
- Care delivery
- Governance and management arrangements

The findings of this report will provide Rowandale 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	5*	3

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Norma McIntyre, Registered Nurse as part of the inspection process. The timescales for completion commence from the date of 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 returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with four residents and two staff. Questionnaires were also 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 inspector provided the home 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.

The following records were examined during the inspection:

- the duty rota from 3 to 16 August 2020
- the home's registration certificate
- three residents' care records
- the complaints record
- the accident book.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as not met.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 3 December 2019.

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 20(3) Stated: First time To be completed by: 3 January 2020	The registered person shall ensure that a competency and capability assessment for any member of staff with the responsibility of being in charge in the absence of the manager is available for inspection at all times.	Not met
	Action taken as confirmed during the inspection: As the manager was not present during the inspection, we were advised that the competency and capability assessments were not available for review on inspection. This area for improvement has not been met and is stated for a second time.	
Area for improvement 2 Ref: Regulation 27(4)(f) Stated: First time To be completed by: 3 January 2020	The registered person shall ensure that all staff are in receipt of up-to-date fire safety drills training.	Met
	Action taken as confirmed during the inspection: As the manager was not present during the inspection, we were advised that staff training records were not available for review on inspection. We were advised post inspection that fire drill training was scheduled but due to Covid -19 restrictions this was subsequently cancelled; the manager advised that fire drill training is ongoing at present while adhering to social distancing guidance.	

6.2 Inspection findings

6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. Due to staffing pressures within the home at present, the Northern Health and Social Care Trust (NHSCT) has redeployed trust staff to work a number of shifts within the home. On the day of inspection, a NHSCT registered nurse was in charge of the home in the absence of the registered manager who was currently off on a period of leave.

There was a relaxed and pleasant atmosphere throughout the home and staff were observed attending to residents' needs in a prompt and timely manner.

We reviewed the duty rotas for the period from 3 to 16 August 2020. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Staff commented positively about working in the home. One staff member commented that it's not like coming to work, "it's home from home."

6.2.2 Personal Protective Equipment

Signage had been erected at the entrance to the home to reflect the current guidance on using PPE due to the ongoing COVID-19 pandemic. We were advised that staff had a temperature check upon arrival to work; a record of this was maintained. It was encouraging to note that the inspector was also required to undergo a temperature check upon arrival to the home.

We observed staff carrying out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. PPE was readily available throughout the home and PPE stations were well stocked.

6.2.3 Infection Prevention and Control/Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, laundry and storage areas. The residents' bedrooms which were viewed appeared clean, warm and had been personalised with items that were meaningful to individual residents.

Two bedrooms which had been vacant for some time were in need of refurbishment including the replacement of the carpet in both rooms; this was subsequently discussed with the manager and an area for improvement was made.

In a downstairs communal bathroom, the skirting board was damaged and chipped and multiple residents' toiletries had been left within a cabinet. Individual toiletries should be stored in the residents' own bedrooms. Further deficits were noted in regard to infection prevention and control practices. For instance, items were inappropriately stored within communal bathrooms and toilets, identified pull cords did not have a wipeable cord or plastic covering and the flooring in a downstairs communal toilet was found to be inadequate therefore compromising its ability to be effectively cleaned. In addition, the underside of soap dispensers and one identified shower chair were inadequately cleaned, and a shower chair was rusted. An area for improvement was identified in regard to these deficits.

We observed two instances of staff not adhering to Control of Substances Hazardous to Health (COSHH) regulations. An area for improvement was identified.

It was observed that signage had been placed in poly pockets throughout the home; the use of poly pockets is not recommended as the surface cannot be effectively decontaminated. This was discussed with staff who had commenced laminating the signage before the end of the inspection.

It was identified that topical creams and lotions were not marked with the date of opening. This was discussed with staff and the importance of dating these items stressed as they have a limited shelf life once opened; an area for improvement was made.

A hoist was observed in the upstairs corridor obstructing the fire exit; this was discussed with staff who removed the hoist immediately. Following the inspection, the manager provided RQIA with an assessment from the home's accredited fire assessor who provided assurance that fire regulations were being adhered to. The importance of keeping fire exits and corridors free from obstruction at all times was agreed with both the staff and manager.

6.2.4 Care delivery

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs. Residents were well presented, and supported by staff in maintaining their personal care in a timely and discreet manner. There was a relaxed atmosphere within the home and residents spoken with indicated that they were well looked after by the staff.

Comments from residents included:

- "They (staff) are all very friendly and kind."
- "I have no complaints."

Three completed resident questionnaires were returned to RQIA and evidenced positive feedback in regard to the care provided to residents.

Review of three residents' care records evidenced deficits in the following areas:

- care plans and assessments did not evidence resident involvement in the care planning or assessment process
- care plans and assessment documentation were not signed by the resident, where appropriate
- care records did not contain a photograph of the resident
- regular monitoring of resident weight.

Specific examples were discussed with NHSCT staff. In order to drive improvements, an area for improvement was identified.

The activities folder was reviewed and did not evidence a structured or varied programme of activities. The activities plan was in a ring binder on a table in the lounge and not displayed so residents did not know what was scheduled. This was discussed with staff to review the activities programme to evidence resident involvement in the development of a structured and varied programme. An area for improvement was identified.

6.2.5 Governance and management arrangements

A limited selection of governance audits/reports were available for inspection due to the registered manager's absence. In accordance with Regulation 19 of the Residential Care Homes Regulations (Northern Ireland) 2005 records should at all times be available for inspection by RQIA. An area for improvement was made.

The complaint records were reviewed and it was noted that there was no evidence of any complaints having been received since 2018; discussion with the manager following the

inspection highlighted that the manager provided a quarterly complaints analysis to the Northern Health and Social Care Trust. It was agreed with the manager that regular complaints analysis which evidences how information from complaints is used to improve the quality of services be maintained. This will be reviewed at a future inspection.

Areas of good practice

Areas of good practice were identified in relation to the friendly, caring and supportive interactions between staff and residents, care delivery, and the use/availability of PPE.

Areas for improvement

Seven new areas for improvement were identified in regard to the environment, the management of COSHH compliance, infection prevention and control, the dating of topical creams and lotions, care documentation, the provision of activities and the availability of governance records.

	Regulations	Standards
Total number of areas for improvement	4	3

6.3 Conclusion

On the day of the inspection we observed that residents appeared comfortable, and that staff treated them with kindness and compassion. The staff were timely in responding to their individual needs. PPE was appropriately worn by staff. Nine new areas for improvement were identified as outlined in this report.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Norma McIntyre, registered nurse, 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 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 providers 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 20(3)</p> <p>Stated:Second time</p> <p>To be completed by: 3 January 2020</p>	<p>The registered person shall ensure that a competency and capability assessment for any member of staff with the responsibility of being in charge in the absence of the manager is available for inspection at all times.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Original C and C Assessments have been retrieved and are being completed as new staff are assessed for this role.</p>
<p>Area for improvement 2</p> <p>Ref:Regulation 18 (2) (j) and Regulation 27</p> <p>Stated:First time</p> <p>To be completed by: 12 November 2020</p>	<p>The registered person shall ensure the environmental deficits identified in this report are actioned and appropriately addressed. This is with specific reference to the refurbishment of the two vacant bedrooms.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Both vacant bedrooms were scheduled for refurbishment since April 2020 and were not available for admissions until planned works were completed. Both have now been refloored and repainted.</p>
<p>Area for improvement 3</p> <p>Ref:Regulation 14 (2)</p> <p>Stated:First time</p> <p>To be completed by:With immediate effect</p>	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that residents are protected at all times from hazards to their health.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: All COSHH products are kept in locked storage and returned when not in use. A reminder briefing to staff concerning this is being issued.</p>

<p>Area for improvement 4</p> <p>Ref:Regulation 13 (7)</p> <p>Stated:First time</p> <p>To be completed by:With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control deficits identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • toilet cisterns are free from clutter and are not used to store items such as toiletries, toilet rolls, cleansing wipes or gloves • pull cords should have a plastic sheath or wipe able cord • the flooring in the identified communal toilet • the cleanliness of the underside of soap dispensers and shower chairs • the replacement of the skirting board in the identified bathroom • the storage of residents' toiletries in communal bathrooms <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: A reminder briefing to staff is being issued concerning, clutter free areas in bathrooms / toilets, cleaning of underside of soap dispensers, shower chairs and use of communal toiletries. Pull cords now have plastic sheaths. The skirting board and flooring in communal toilet are on hold awaiting advice / decision on repurposing these two areas (bathroom and toilet)</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 19(2)(b)</p> <p>Stated:First time</p> <p>To be completed by:With immediate effect</p>	<p>The registered person shall ensure that records are at all times available for inspection by RQIA.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: Manager is presently compiling a system whereby documentation that is not H.R related and deemed personal and sensitive can be accessed in absence of manager given that manager was absent during this inspection but most documents were accessible but staff on duty unsure of where to locate them.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all limited shelf life topical lotions and creams have the date of opening recorded.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: A briefing in this regard will be issued to all staff.</p>

<p>Area for improvement 2</p> <p>Ref: Standards 5 and 6</p> <p>Stated:First time</p> <p>To be completed by:With immediate effect</p>	<p>The registered person shall ensure the following with regard to residents care records:</p> <ul style="list-style-type: none"> • resident involvement in the assessment and care planning process should be evidenced • care records and assessments, as appropriate, are signed by the resident • residents weights are recorded regularly • they contain a recent photograph of the resident <p>Ref: 6.2.4</p>
<p>Area for improvement 3</p> <p>Ref: Standard 13</p> <p>Stated:First time</p> <p>To be completed by:With immediate effect</p>	<p>Response by registered person detailing the actions taken: I have commenced a process and introduced documentation that will demonstrate residents involvement in Care Planning process including obtaining signature of resident where able / or their representative. Residents weights are recorded monthly or when required for clinical assessment.</p> <p>The registered person shall ensure that a structured and varied schedule of activities is produced, implemented and appropriately displayed. The activities plan should demonstrate the involvement of residents in its production.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: A schedule of structured activities is in place and will be implemented in accordance with our small residents groups choices. a record will be kept of residents involvement in planned activities and their evaluation.</p>

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



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