



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 3 December 2019



Rowandale

Type of Service: Residential Care Home
Address: 1-3 Shingle Cove, Bay Road, Carnlough, BT44 0EH
Tel No: 028 2888 5543
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 provider 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 15 beds that is registered to provide care for residents within the categories of care detailed in its certificate of registration and 3.0 of this report.

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: Orla McVeigh senior care assistant then joined by manager from 11.00 hours	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: 13

4.0 Inspection summary

An unannounced inspection took place on 3 December 2019 from 10.10 to 13.20 hours.

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

Evidence of good practice was found in relation to residents, general observations of care practices and the manager's and staffs' knowledge and understanding of residents' needs and prescribed interventions.

Two areas requiring improvement were identified in relation to ensuring a competency and capability assessment is in place for any member of staff with the responsibility of being in charge and ensuring all staff are in receipt of up-to-date training in fire safety drills.

Residents described living in the home as being a good experience.

Comments received from residents and staff during 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 resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Fergal Lynn, registered manager, 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 August 2019.

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 and returned QIP and any verbal or written information received since the previous inspection such as notifiable reports.

During the inspection the inspector met with 10 residents and four staff.

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

A sample of records was examined which included:

- staff duty rota
- staff training schedule and training records
- residents' progress records
- complaint records
- compliment records
- accident / incident records
- fire safety risk assessment
- fire safety records

The one area of improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met, partially met, or not 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 previous inspection(s)

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 16(1) Stated: Firsttime	The registered person shall put in place a detailed risk assessment and corresponding care plan for any resident who smokes, in consultation with the resident and/or their representative. This risk assessment needs to be in accordance with current safety guidelines. All staff need to be aware of this care plan. Ref: 6.4	Met
	Action taken as confirmed during the inspection: This policy has been reviewed with all staff to act on. There were no residents who smoked, at the time of this inspection.	

6.2 Inspection findings

6.2.1 Staffing

Throughout this inspection residents advised that they felt safe in the home and well cared for. Residents also advised that staff attended to their needs in a prompt and caring manner.

The manager advised that the staffing levels are in keeping to the residents’ dependencies. Staffing levels over the 24 hour period were discussed. General observations of care practices together with discussions with residents and staff confirmed that adequate staffing levels were in place.

Inspection of the duty rota confirmed that it accurately reflected the staff on duty at the time of this inspection.

A competency and capability assessment was reported to be completed for any member of staff with the responsibility of being in charge in the absence of the manager. However these assessments were not available for inspection at this time for which an area of improvement has been identified in accordance with regulation to make good.

Discussions with staff confirmed that they had received a comprehensive programme of induction on appointment. An inspection of the programme of supervisions and appraisals found these were being maintained in a regular and up-to-date basis for all staff. Staff spoke positively about this provision.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. This was being audited on a monthly basis.

6.2.2 The environment

The home was clean and tidy with a reasonable standard of furnishing and décor being maintained.

Communal areas were comfortable and nicely facilitated. Residents' bedrooms were suitably facilitated and nicely personalised. Toilets and bathrooms were clean and hygienic.

The grounds of the home were well maintained.

There were no obvious health and safety risks observed in the internal and external environment.

6.2.3 Residents' views

The inspector met with all the residents in the home at the time of this inspection. In accordance with their capabilities all advised that they were very happy with the care provided, that staff were kind and supportive, they enjoyed the meals and that there was a nice atmosphere in the home.

Some of the comments made included statements such as:

- "It couldn't be any better. They are all very good to you here"
- "This is a lovely place. I have no worries"
- "All is very good"
- "I can't complain about a thing"
- "There are no worries here at all here".

6.2.4 Care practices

Staff spoke positively about their roles and duties, training and managerial support. Staff advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

Discussion with the manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were to be 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 and written records would be retained.

Staff advised that they were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

The manager 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.

The general atmosphere in the home was relaxed, homely and supportive. Residents were content, relaxed and at ease with their interactions with staff and their environment. Staff interactions were found to be polite, friendly and warm. Staff responded to residents' needs promptly and showed understanding of individual residents' needs.

6.2.5 Care records

An inspection of residents' progress records found these to be maintained in accordance with regulations and standards.

6.2.6 Accident and incidents

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. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

6.2.7 Fire safety

An inspection of the home's most recent fire safety risk assessment as dated, 12 February 2019, was undertaken. There were no recommendations made as a result of this assessment.

An area of improvement in accordance with regulations was identified in that all staff in the home were not in receipt of up-to-date fire safety drills training.

Areas of good practice

Areas of good practice were found in relation to feedback from residents, general observations of care practices and staffs' knowledge and understanding of residents' needs and prescribed interventions.

Areas for improvement

Two areas of improvement were identified. These were in relation to ensuring the competency and capability assessments for any member of staff in charge of the home in the absence of the registered manager are available at all times for inspection and ensuring all staff are in receipt of up-to-date fire safety drills.

	Regulations	Standards
Total number of areas for improvement	2	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 Fergal Lynn, 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 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:First 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: 6.2.1</p>
	<p>Response by registered person detailing the actions taken: Competency and capability assessments are being updated for all eligible care staff.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27(4)(f)</p> <p>Stated:First time</p> <p>To be completed by: 3 January 2020</p>	<p>The registered person shall ensure that all staff are in receipt of up-to-date fire safety drills training.</p> <p>Ref: 6.2.7</p>
	<p>Response by registered person detailing the actions taken: Fire Drills and relevant fire training is in place and updated regularly.</p>



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