



The **Regulation** and
Quality Improvement
Authority

Unannounced Primary Care Inspection

Name of Establishment: Rowandale
RQIA Number: 1322
Date of Inspection: 4 February 2015
Inspector's Name: John McAuley
Inspection ID: IN017526

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Rowandale Private Residential Home
Address:	1-3 Shingle Cove Bay Road Carnlough County Antrim BT44 OEH
Telephone Number:	028 2888 5543
Email Address:	rowandalerh@btconnect.com
Registered Organisation/ Registered Provider:	Mr Feargal Lynn
Registered Manager:	Mr Feargal Lynn
Person in Charge of the Home at the Time of Inspection:	Mr Feargal Lynn
Categories of Care:	I - (Old age not falling within any other category) MP(E) – (mental disorder excluding learning disability or dementia over 65 years) DE - (dementia for six residents)
Number of Registered Places:	15
Number of Residents Accommodated on Day of Inspection:	13
Scale of Charges (Per Week):	£461 plus £14 top up per week
Date and Type of Previous Inspection:	16 July 2014 Secondary Unannounced Care Inspection
Date and Time of Inspection:	4 February 2015 10:30am – 2:15pm
Name of Inspector:	John McAuley

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered provider / manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	13
Staff	4
Relatives	0
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	10	None in time for inclusion comment to this report.

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **Standard 10 - Responding to Residents' Behaviour**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **Standard 13 - Programme of Activities and Events**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 – Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of service

Rowandale Residential Care home is situated on the Bay Road on the outskirts of the village of Carnlough County Antrim.

The residential home is owned and operated by Mr Feargal Lynn, with the registered manager being Mr Feargal Lynn, who has been in post for over five years.

Accommodation for residents is provided 13 single rooms and 1 double room over 2 floors. Access to the first floor is via a stair lift and stairs.

A communal lounge and a dining area are provided in the ground floor area.

The home also provides for catering and laundry services on the ground floor.

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 15 persons under the following categories of care:

Residential Care;

I - (Old age not falling within any other category)

MP (E) – (mental disorder excluding learning disability or dementia over 65 years)

DE - (dementia for six residents)

8.0 Summary of Inspection

This unannounced primary care inspection of Rowandale was undertaken by John McAuley on 4 February 2015 between the hours of 10:30am and 2:15pm. The registered manager Mr Feargal Lynn was in charge of the home and was available during the inspection and for verbal feedback at the conclusion of the inspection.

The previous inspection resulted in two recommendations being made. A review of these two recommendations found these to be attended to satisfactorily within specified timescale. The details of these recommendations follow the summary of this inspection.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents and staff, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

8.1 Standards Inspected:

Standard 10 - Responding to Residents' Behaviour

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

Standard 13 - Programme of Activities and Events

The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

8.2 Inspection Findings

8.2.1 Responding to resident's behaviour – Standard 5

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy and procedure in place which reflected good practice guidance. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that restraint was not used in the home. Residents' care records outlined their usual routine, behaviours, and means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information is recorded in the resident's care records.

A recommendation has been made for the home's policy on restraint and restrictive practices to be reviewed / updated and to include reference to human rights legislation. The current policy was found to be inadequate in terms of staff guidance and direction in this area.

The overall evidence gathered through the inspection process concluded that the home is compliant with this standard.

8.2.2 Programme of activities and events – Standard 13

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities.

The overall evidence gathered through the inspection process concluded that the home is compliant with this standard.

8.3 Stakeholder Consultation

During the course of the inspection the inspector met with residents and staff. Questionnaires were also issued to staff for return.

In discussion with residents, in accordance with their capabilities, they confirmed / indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties, and spoke highly regarding the provision of care.

Comments received from residents and staff are included in section 11.0 of the main body of the report.

8.4 Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect. Good relationships were evident between residents and staff.

8.5 Environment

The areas of the environment viewed by the inspector presented as clean and tidy. Décor and furnishings were found to be of a reasonable standard with a programme of redecoration in place. One requirement has been made in relation to risk assessing loose standing wardrobes, as detailed later in this report.

A number of additional areas were also examined these include the management of complaints, guardianship and fire safety. Further details can be found in section 11.0 of the main body of the report.

One requirement and one recommendation were made as a result of this primary unannounced inspection.

The inspector would like to acknowledge the level of support and assistance received throughout this inspection from residents, staff and the registered manager.

9.0 Follow Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 16 July 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	11.5	<p>The home keeps records of review meetings that identify outcomes of the review, actions required and those responsible for these actions. When the meeting is organised by the home, a copy of the record of the meeting is issued to the resident and where appropriate their representative, and others who contributed to the review, unless there are clear and recorded reasons not to do so.</p> <p>Reference to this is made in that the home need to;</p> <ul style="list-style-type: none"> • Maintain a matrix of dates of all residents' care review meetings and act on these when these are routinely due for review or when significant changes have occurred. • Maintained the most recent care review record in the resident's active care records. 	A matrix of all dates of residents' care review meetings has been put in place with the minutes of these meetings maintained in an accessible manner.	Compliant
2.	9.3	<p>The general health and welfare of residents is continually monitored and recorded. Referrals are made to, advice is sought from, primary health care services when necessary and documented in the resident's records.</p> <p>Reference to this is made in that in the format of recording accidents / incidents there needs to be clear detail on whether the resident's aligned social worker was notified of the event and if not why not.</p>	The format of recording accidents / incidents has been reviewed to include appropriate details of who was notified of the event.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider’s Self-Assessment	
Each resident has a detailed summary of individual residents usual conduct and behaviours and one resident has a communication passport. All staff are familiar with these summaries and how to respond.	Compliant
Inspection Findings:	
The home has a policy and procedure on responding to residents’ behaviours. Staff has also received training in this. A review of this policy and procedure found it to be in keeping with good practice guidelines. Discussions with staff on duty at time of this inspection revealed they had knowledge and understanding on how to respond to residents’ behaviours and how their interventions had a positive outcome for residents. Staff also demonstrated a good knowledge and understanding of residents’ assessed needs, which were also found to correspond with the sample of residents’ care records reviewed on this occasion.	Compliant

<p>Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Staff know how to interpret concerning behaviour and know what action to take including liason with the Manager or other health care professionals</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of residents' care records confirmed in general that issues of assessed need had a recorded statement of care/treatment given and effect of same. This included referral as appropriate to the aligned health care professional.</p>	Compliant
<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Details of consistency of approach are detailed in the residents care plan with the knowledge of the resident or their representative.</p>	Compliant
<p>Inspection Findings:</p>	
<p>One resident was had an assessed need for a consistent approach in dealing with his / her behaviours. The corresponding care plan was consistent with the interventions observed during this inspection and discussions with staff demonstrated knowledge in this plan. Evidence was also in place that this resident's representative was informed and consulted in the plan of care.</p>	Compliant

Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
	Not applicable
Inspection Findings:	
There are no residents who have a specific behaviour management programme prescribed. However evidence would indicate from discussions with the registered manager that if this was to be the case that this would be approved by the appropriately trained professional and form part of the resident's care plan.	Compliant
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Appropriate current training is always accessed and support and guidance is given for staff working with residents with specific needs	Not applicable
Inspection Findings:	
Discussions with staff on duty, confirmed that they felt they are the necessary skills, training, support and supervision in place to meet the assessed needs of residents accommodated.	Compliant

<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>While no incidents of this nature have arisen - arrangements are in place to enable reporting and recording and a multidisciplinary review of necessary.</p>	Not applicable
<p>Inspection Findings:</p>	
<p>A review of the accident / incident records found that these were appropriately managed and reported, and as applicable this followed a review with the resident's aligned care manager.</p>	Compliant
<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>This home operates a "NO RESTRAINT" Policy all access doors are open and unlocked.</p>	Not applicable
<p>Inspection Findings:</p>	
<p>The policy and procedure on restraint and restrictive practices was found to be simply inadequate in giving staff direction and guidance on same. The policy and procedure had no reference to the human rights implications of such. Evidence was in place that the registered manager was developing this policy and procedure but had yet to fully implement same.</p> <p>A recommendation has been made for this policy and procedure to be devised and implemented with staff.</p> <p>General observations of care practices and discussions with staff found there was no obvious restrictive care practices in the home.</p>	Moving towards compliance

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All residents preferred social activities are documented and any activities are provided based on individual choice and preferences.	Compliant
Inspection Findings:	
The home has and a policy and procedure on the provision of activities. A review of residents' care records confirmed that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents at the time of this inspection, revealed they were complimentary on such provision and that they felt comfortable about raising suggestions with staff.	Compliant
Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The home has a flexible programme of activities which includes spiritual needs. The level of physical activity is decided in conjunction with the resident group" however the home is involved in local community events through the local schools and community events..	Moving towards compliance

Inspection Findings:	
A review of the programme of activities showed that social activities are organised daily basis. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in in community based events. Discussions with staff and residents confirmed that residents were provided with enjoyable and meaningful activities on a regular basis.	Compliant
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Our activities are reviewed frequently involving the opinions of residents and their representatives. The programme is adjusted accordingly.	Compliant
Inspection Findings:	
A review of the record of activities provided and observation of residents who generally preferred not to participate in activities, confirmed that residents were given opportunities to put forward suggestions for inclusion in the programme of activities, and that their assessment of social and spiritual needs was duly assessed and cared for. Residents were also invited to express their views on activities by means of quality assurance audit issued annually by the home, and by regular residents' meetings.	Compliant
Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The scheduled activity is displayed on a display board in the main sitting room and is also discussed in advance with the resident group before it commences.	Compliant

Inspection Findings:	
This was confirmed to be the case.	Compliant
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All residents are enabled to participate in activities, in particular an art class held recently where all residents interested had access to canvas, paints and all equipment.	Compliant
Inspection Findings:	
The home designates care staff with these duties. General observations made at the time of this inspection, found that there was a good provision of equipment, and aids to support the provision of activities. These included craft materials, games, musical items, daily newspapers and DVDs appropriate to age group.	Compliant
Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Our residents are consulted in advance and during the activity to ensure that it is not too tiring for our residents.	Compliant
Inspection Findings:	
Discussion with staff and residents evidenced that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in any activity.	Compliant

<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Storytellers, Singers, local Artist, school choirs, flower arranging and other guests are personally overseen by the Manager to ensure they are delivered appropriately and that the person are skilled in the chosen activity.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Discussions with the registered manager confirmed that any person, such as a visiting entertainer, contracted in to provide activity, is supervised and assisted by staff during such provision.</p>	Compliant
<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Any contracted activity provider is updated on arrival regarding any changes to the residents needs and that feedback is provided</p>	Compliant
<p>Inspection Findings:</p>	
<p>As detailed in criterion 13.7.</p>	Compliant

Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
A record is kept of the activity, the activity leader and the names of residents who participated or who chose not to participate.	Compliant
Inspection Findings:	
A review of the record of activities evidenced that records had been maintained of the nature of the activity, the name of the person leading the activity and the residents who had participated in the activity.	Compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The Programme is reviewed twice a year and more frequently if chosen activities are evaluated and considered worthy of expansion or removal from the programme.	Compliant
Inspection Findings:	
A review of the record of residents' care review minutes confirmed that activity provision and events is a standing item of agenda where such can be reviewed. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Residents' consultation

The inspector met with all the residents in the home at the time of this inspection. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Some of the comments made included statements such as;

- "Everything is grand"
- "We all are looked after well"
- "No problems"
- "The home is lovely and all the staff are very kind"

No concerns were expressed or indicated.

11.2 Relatives/representative Consultation

There were no visiting relatives in the home at the time of this inspection.

11.3 Staff Consultation/Questionnaires

The inspector spoke with four members of staff of various grades on duty. All spoke positively about their roles and duties, the teamwork, managerial support and the provision of training. Staff also informed the inspector that they felt a good standard of care was provided for and no concerns were expressed.

Ten questionnaires were also distributed to staff for return at the time of this inspection. None were returned in time for inclusion comment to this report.

11.4 Visiting Professionals' Consultation

There were no visiting professionals in the home at the time of this inspection.

11.5 Observation of Care Practices

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting with residents in a polite, friendly, supportive manner. Residents were observed to be comfortable, content and at ease in their environment and interactions with staff. An appetising dinner time meal was provided for and residents were found to assist in an organised unhurried manner with same.

11.6 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection. Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

A review of the complaints records, together with discussions with the registered manager, evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

11.7 Environment

The home was clean and tidy. A reasonable standard of décor and furnishings was being maintained, with a programme of redecoration in place.

Covers had been installed to radiators and hot surfaces which was good to note. Two wardrobes were found to be loose fitting to the wall and posed as a risk if a resident were to pull on same in the event of a fall. A requirement has been made for these to be risk assessed in accordance with current safety guidelines with subsequent appropriate action.

11.8 Guardianship Information

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.9 Fire Safety

The home's most recent fire safety risk assessment as dated 15 October 2014 was reviewed. This contained subsequent evidence that the three recommendations made from this were and are being duly attended to.

Fire safety training including fire safety drills were found to be maintained on an up to date basis and the records of fire safety checks in the environment were similar.

A review of the returned fire safety questionnaire identified no obvious concerns and there were no obvious fire safety risks observed in the environment at the time of this inspection.

11.10 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by the registered manager. This confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Feargal Lynn, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

John McAuley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Primary Care Inspection

Rowandale

4 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Feargal Lynn either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	27 (2) (t)	<p>The registered person shall, having regard to the number and needs of the residents, ensure that –</p> <p>(t) a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>Reference to this is made in that all wardrobes in terms of loose fitting must be risk assessed in accordance with current safety guidelines with subsequent appropriate action.</p>	One	The two wardrobes that were not attached to the wall during refurbishment work have been reattached.	4 March 2015

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	10.7	<p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <p>Reference to this is made in that a policy and procedure on restraint and restrictive practices needs to be put in place and staff informed of such. This policy and procedure needs to include clear details on the human rights implications of such practices.</p>	One	Policy and Procedure on Restraint is in place. Restraint is not used in Rowandale.	4 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Feargal Lynn
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Feargal Lynn

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	John McAuley	1/04/15
Further information requested from provider			