

Inspection Report

5 May 2021



Rowandale

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

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1.0 Service information

Organisation/Registered Provider: Lynn McKillop Ltd Responsible Individual(s): MrFeargalJoseph Lynn	Registered Manager: MrFeargalJoseph Lynn Date registered: 9 May 2011
Person in charge at the time of inspection: MrFeargalJoseph Lynn	Number of registered places: 15 No more than 2 Male residents Cat. RC-MP(E) and no more than 6 individuals in category RC-DE on the ground floor in single bedrooms.
Categories of care: Residential Care (RC) MP(E) - Mental disorder excluding learning disability or dementia – over 65 years DE – Dementia. I – Old age not falling within any other category.	Number of residents accommodated in the residential care home on the day of this inspection: 10
Brief description of the accommodation/how the service operates: This is a registered Residential Home which provides social care for up to 15 residents. Residents' bedrooms are located over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 5 May 2021, between 9.45am and 15.45 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Comments received from patients and staff are included in the main body of this report.

The findings of the inspection provided RQIA with assurance that care delivery to residents was effective and compassionate.

New areas requiring improvement were identified in relation to staff professional registration and the staff duty rota; areas for improvement in relation to care records and activity provision have been stated for a second time.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection, residents and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the manager was provided with details of the findings.

4.0 What people told us about the service

During the inspection we spoke with six residents and five staff. No completed questionnaires or responses to the staff survey were returned within the indicated timeframe. The residents spoke highly of the care and attention they received from staff. The staff were complimentary in regard to the manager and they also spoke about much they enjoyed their work.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 12 August 2020.		
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: Second time	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.	Met
	Action taken as confirmed during the inspection: Staff competency and capability assessments were available on inspection and were up to date.	
Area for Improvement 2 Ref: Regulation 18 (2) (j) and Regulation 27 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The two identified bedrooms have been refurbished and were observed to be clean and tidy.	
Area for Improvement 3 Ref: Regulation 14 (2) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Chemicals were observed to be securely stored on the day of inspection.	

<p>Area for Improvement 4</p> <p>Ref:Regulation 13 (7)</p> <p>Stated:First time</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 style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection: The above deficits have been addressed.</p>		
<p>Area for Improvement 5</p> <p>Ref: Regulation 19(2)(b)</p> <p>Stated:First time</p>	<p>The registered person shall ensure that records are at all times available for inspection by RQIA.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection: Requested documentation and records were made available for inspection.</p>		
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all limited shelf life of topical lotions and creams have the date of opening recorded.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection: Topical lotions and creams observed on inspection had a date of opening documented.</p>		

<p>Area for improvement 2</p> <p>Ref: Standards 5 and 6</p> <p>Stated:First time</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>Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement has been partially met; this is further discussed in section 5.2.6.</p> <p>This area for improvement is partially met and is stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 13</p> <p>Stated:First time</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>Action taken as confirmed during the inspection: Discussion with the manager and staff evidenced that a structured and varied activity programme has not been implemented nor was any scheduled activity displayed in the home; this is considered further in Section 5.2.7.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p>Not met</p>

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

We reviewed selection and recruitment arrangements within the home; review of two staff recruitment files evidenced that some pre-employment information was absent. The information absent from the recruitment files were the Access NI check number, the date the staff member commenced employment in the home and the interview notes had not been signed. This was discussed with the manager who forwarded the required information to the inspector post inspection.

Discussion with the manager and a review of records highlighted that there was a lack of robust governance arrangements for monitoring the professional registration of staff with the Northern Ireland Social Care Council (NISCC). Review of selection and recruitment information during and following the inspection highlighted that three care staff were not registered with NISCC in keeping with regulation and best practice; an area for improvement was identified.

The manager provided assurances following the inspection that the professional registration of these staff members with NISCC was being urgently addressed; it was also agreed with immediate effect that the staff members would not work unsupervised within the home until NISCC registration had been achieved.

There were systems in place to ensure that staff were trained and supported to do their job. The manager informed us that due to COVID-19 restrictions, the ability to facilitate face to face training sessions had been adversely impacted and that virtual training was being used instead.

Staff said that they felt well supported in their role and were satisfied with the staffing levels and the level of communication between staff and management. Residents did not raise any concerns about staffing levels.

One resident told us the staff were "all great" and that they had all that they needed; they also commented positively on the quality of the food they told us "the food is great".

The staff duty rota reflected the staff working in the home on a daily basis. However, a review of the duty rota identified some deficits. For instance, the duty rota did not consistently show when the manager was in the home or their shift pattern and there was evidence of the use of correction fluid if alterations were made to the duty rota. This was identified as an area for improvement.

In summary, we observed that residents' needs were safely met by the number and skill of the staff on duty. Two new areas for improvement were identified in regard to monitoring the professional registration of staff and the staff duty rota.

5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?

The manager was identified as the appointed safeguarding champion for the home; the manager has the responsibility for implementing regional adult safeguarding guidance and the home's adult safeguarding policy.

Review of staff training records confirmed that staff had completed adult safeguarding training. The manager told us residents and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home.

Staff were observed to be prompt in recognising residents' needs and were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

There were systems in place to ensure that staff were appropriately trained for their roles. The residents told us that they felt safe living within the home.

5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?

We observed the internal environment of the home and noted that residents' bedrooms were personalised with items important to the residents. Bedrooms and communal areas were attractively decorated, suitably furnished, clean and tidy. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

We reviewed fire safety arrangements within the home; staff who were spoken with demonstrated a good understanding of fire safety awareness and how to meet their responsibilities in this area. However, the annual fire risk assessment was out of date the fire risk assessment available was dated 5 March 2020. The impact of the COVID-19 pandemic had delayed the manager organising the annual fire risk assessment. The manager addressed this immediately by arranging for a fire risk assessor to come to the home the next working day. The manager forwarded the newly completed fire risk assessment to RQIA for review and advised RQIA that any recommendations by the fire risk assessor were being addressed as appropriate.

Rowandale was observed to be clean, tidy and comfortable for the residents who told us that they felt safe in the home.

5.2.4 How does this service manage the risk of infection?

Feedback from the manager provided assurances that there were robust arrangements in place for the management of risks associated with COVID-19 and other infections. In addition, the home is participating in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were managed in line with Department of Health guidance.

There were effective systems were in place to manage the risk of infection within the home.

5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, residents' care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

It was observed that staff respected resident privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

There were robust arrangements in place in relation to maintaining residents' skin integrity and assisting them with repositioning, where needed.

Examination of records and discussion with the manager confirmed that the risks of falling were well managed; measures to reduce these risks were put in place, for example, the home was well lit and any obvious hazards had been removed. The manager regularly completed a critical analysis of falls to determine if anything more could be done to prevent falls from occurring.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

We reviewed residents' dining experience. In an effort to adhere to current social distancing guidance, arrangements were in place to ensure that the dining room was only used by a limited number of residents at any one time; other residents chose to have their meal in the lounge area.

Staff had made an effort to ensure that residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual resident's likes and dislikes.

The residents were offered a choice of meal; the food was attractively presented and smelled appetising. There was a variety of drinks available.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

There were systems in place to ensure that residents' needs, including any changes, were communicated to all staff in a timely manner. Residents' privacy and dignity was maintained.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents' care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Resident's individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each resident's care needs and what or who was important to them.

Review of a sample of care records highlighted that there was no record maintained in the care records of staff consulting with residents in relation to the details of the care plans; in addition, a number of care records lacked an up to date photograph of the resident.

However, the manager has implemented a new template outlining the residents current care needs and with the residents consent this information is shared with residents' next of kin.

A review of the progress notes confirmed that while staff maintained a record of care provided to residents, this was not always done on a daily basis. This was discussed with the manager how the progress notes should be updated daily going forward, the manager agreed to implement this change to include a daily record in all residents care records. This will be reviewed on a future inspection.

The Manager reported that each resident usually had an annual review of their care arranged by their care manager or trust representative; this review included the resident, the home staff and the resident's next of kin, if appropriate. During the COVID-19 pandemic, such reviews had been disrupted, but regular communication between the manager and the trust has continued regarding the needs and welfare of residents.

There were systems were in place to ensure that care records were evaluated and updated to reflect any changes in residents' needs and to ensure that staff were aware of any changes. The quality of the care records will be improved by compliance with the area for improvement which has been stated for a second time.

5.2.7 How does the service support residents to have meaning and purpose to their day?

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

The residents who were seated in the lounge enjoyed a conversation with the inspector and did chat with one another however; there was no evidence that a meaningful or structured programme of activities was available for the residents. A programme of activities was not on display and the activity folder in the lounge did not have any recent entries. The manager advised that the home had made links with the local primary school over the Christmas period whereby the residents and children had made Christmas cards for one another. An area for improvement was stated for a second time.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assist residents to make phone or video calls. Visiting and Care Partner arrangements were in place with staff and the manager noting the positive benefits to the physical and mental wellbeing of residents.

Staff were observed to respect residents' dignity and offer choice. Residents told us the staff were great and said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

However, the quality of life for residents within the home will be further enhanced by the provision of a structured, meaningful and person centred activity programme.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was evidence that there was a system of auditing in place to monitor the quality of care delivery and service provision to residents.

There was also a robust system in place to manage complaints which were seen as an opportunity for the team to learn and improve.

Staff commented positively about the manager and described him as supportive, approachable and always available for guidance.

There were systems in place to monitor the quality of care delivery and service provision within the home. However, governance arrangements may be improved by a sustained focus on those areas for improvement identified within this report.

6.0 Conclusion

Feedback from the manager, staff and residents provided RQIA with assurance that care delivery within the home is provided in a person centred and compassionate manner. Residents praised staff for the attention they gave them and appeared relaxed and at ease within the home.

The home's environment was clean, tidy and comfortable for residents and the risks associated with potential infection was effectively managed.

Two new areas for improvement were identified in relation to staff management; two areas for improvement were stated for a second time in regard to care records and the provision of activities.

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

7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011)

	Regulations	Standards
Total number of Areas for Improvement	1	3*

*The total number of areas for improvement includes two areas under the standards which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Feargal Lynn, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (5)(d)(i) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that a robust system is in place which ensures that all relevant staff are registered with NISCC within expected timescales. Ref: 2.0 &5.2.1 Response by registered person detailing the actions taken: I was aware at all times of who was and was not registered and of their frustrations in establishing contact with NISCC and getting a timely response. I am satisfied that the systems I had in place at time of inspection are effective. I would expect that those who regulate NISCC will also ensure that their systems are equally robust and that they respond to applicants within a set timeframe and not leave applicants and providers wondering about the progress of their applications. At one point i had to use my personal Twitter account to make contact on behalf of my staff. .It took direct intervention with NISCC by RQIA for the various applicants from Rowandale to get processed.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standards 5 and 6 Stated: Second time To be completed by: 30 May 2021	The registered person shall ensure the following with regard to residents care records: <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 • they contain a recent photograph of the resident. Ref: 2.0 & 5.2.6
	Response by registered person detailing the actions taken: Residents are involved in assessment of care. Care records are signed. Photographs are in place.
Area for improvement 2 Ref: Standard 13 Stated: Second time To be completed by: 30 May 2021	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. Ref: 2.0 and 5.2.7
	Response by registered person detailing the actions taken: Activity schedule has been reviewed in keeping with social distancing restrictions .
Area for improvement 3 Ref: Standard 25 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the staff duty rota: <ul style="list-style-type: none"> • includes the manager's hours of work and the capacity in which they work within the home • does not evidence the use of correction fluid. Ref: 2.0 &5.2.1
	Response by registered person detailing the actions taken: Managers hours of work included taking into account out of office working and correction fluid is not in use.

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