

Inspection Report

9 June 2022



Rowandale

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Lynn McKillop Ltd</p> <p>Responsible Individual Mr Feargal Joseph Lynn</p>	<p>Registered Manager: Mr Feargal Joseph Lynn</p> <p>Date registered: 9 May 2011</p>
<p>Person in charge at the time of inspection: Louise Quinn. Senior Care Assistant.</p>	<p>Number of registered places: 15</p> <p>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.</p>
<p>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.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 11</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This is a registered Residential Home which provides social care for up to 15 residents. Residents' bedrooms are located over two floors. Residents have a lounge and conservatory area to socialise in.</p>	

2.0 Inspection summary

An unannounced inspection took place on 9 June 2022, from 10.10 am to 4.50 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.

Residents told us that Rowandale was a good place to live, and they were looked after well by the staff. Residents were all well presented. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings.

Staff told us that Rowandale was a good place to work and that the manager was approachable.

Whilst it was found that there was safe, effective and compassionate care delivered in the home, a number of concerns were identified in regard to the governance arrangements. Mr Lynn, was invited to a meeting with RQIA on 16 June 2022. This was an opportunity for Mr Lynn to provide RQIA with evidence not available during the inspection as he was on leave; and to discuss how identified deficits were to be addressed. Assurances were provided to RQIA at this meeting.

Seven new areas for improvement were identified. Please refer to the Quality Improvement Plan (QIP) for details.

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 RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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.

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.

The findings of the inspection were discussed with the person in charge at the conclusion of the inspection.

4.0 What people told us about the service

No comments were provided by staff via the on-line staff survey or from residents or relatives via the questionnaires provided.

Residents spoken with commented positively regarding the home. One resident spoke of how “the staff are kind to me, I get to see my relatives and the food is good. Another resident commented on how “the girls are good to me, I get plenty to eat”.

A relative spoke of how “The care is excellent. The communication is excellent and it is a home from home”.

Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the manager.

Compliments received about the home were kept and shared with the staff team, this is good practice.

5.0 The inspection

Areas for improvement from the last inspection on 12 May 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (5)(d)(l) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Assurances and documentary evidence were provided to RQIA at the meeting on the 16 June.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that medicines requiring cold storage are stored appropriately with reference to:</p> <ul style="list-style-type: none"> • having an appropriate medicines refrigerator thermometer in place • monitoring and recording minimum, maximum and current refrigerator temperatures on a daily basis • ensuring that refrigerator temperatures remain in the required range of 2°C to 8°C and that appropriate action is taken if temperatures deviate from this range. <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that medicines with a limited life after opening are not administered after expiry.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standards 5 and 6 Stated: Second time	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. 	Met
	Action taken as confirmed during the inspection: Assurances and documented evidence were provided to RQIA at the meeting on the 16 June 2022.	
Area for improvement 2 Ref: Standard 13 Stated: Second time	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.	Not Met
	Action taken as confirmed during the inspection: While residents did not raise any concerns about activities, there was no programme in place. This was discussed at the meeting on 16 June 2022 and assurances were provided. This area for improvement is stated for a third time.	
Area for improvement 3 Ref: Standard 25 Stated: First time	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. 	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This is further discussed in section 5.2.1	

Area for improvement 4 Ref: Standard 30 Stated: First time	The registered person shall ensure that prescribed medicines are confirmed in writing for each admission or readmission.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 Ref: Standard 30 Stated: First time	The registered person shall ensure that records are in place to demonstrate that staff responsible for medicines management have been trained and deemed competent.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Evidence was presented to RQIA at the meeting on the 16 June 2022 that a robust system was in place to ensure staff were recruited correctly to protect residents.

Staff commented that there was no programme of training taking place. Records were not available for review as the manager was on leave. During discussion with RQIA on 16 June 2022 there were insufficient assurances that a training programme had been delivered or planned to ensure all staff met mandatory training requirements. An area for improvement was identified.

The manager's working hours were recorded on the duty rota; however the capacity in which they worked was not recorded. During the meeting on 16 June 2022 the manager confirmed that he had been working as the person in charge of the shift for a considerable number of weeks and agreed that this was not always recorded on the duty rota. To enable RQIA to determine the capacity in which the manager works it was suggested that Mr Lynn had two lines on the duty rota – one for management hours and one for the person in charge of the shift. Mr Lynn agreed to implement this when he returned to the home later that day. This area for improvement is stated for a second time.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

However, a system to ensure staff received staff supervision and annual appraisal was not in place. This was discussed with the manager and an area for improvement was identified.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' 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.

Residents who are less able to mobilise require special attention to their skin care. For one identified resident, care plans regarding their skin care had not been reviewed to reflect their current needs. Details were discussed with the manager and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. One identified resident requiring support with their meal, did not have this included in their care plan. An area for improvement has already been identified in respect of care planning and SALT recommendations.

The dining experience was an opportunity of residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Lunch was a pleasant and unhurried experience for the residents.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional were recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

There were a number of areas in the home where maintenance issues were identified. For example the joint along the middle of the vinyl floor in one bathroom was damaged, and there was an area of the ceiling in the lounge that needed repainted. Full details were discussed with the manager and an area for improvement was identified.

The home was clean and tidy. There were however some areas where attention was required to environmental cleaning. These areas were discussed with the manager at the meeting with RQIA on the 16 June 2022 and assurances were given that these areas would be addressed.

In the laundry which was accessible for residents, one cupboard was found to be unlocked and there were cleaning chemicals inside. This cupboard was locked by staff immediately. An area for improvement was identified.

Oxygen cylinders were observed on a trolley at the front door. These are required to be stored safely and secured to a wall. They were removed by staff immediately and secured in a safe place. An area for improvement was identified.

Residents' bedrooms were personalised with items important to the resident. Bedrooms were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

The homes fire risk assessment dated 29 March 2022 had indicated areas that needed action including fire training for staff. Following the meeting with RQIA on the 16 June 2022, RQIA received assurances that these areas had been addressed including a date for staff fire safety training.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. There was plenty of PPE available in the home for staff.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

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.

While residents did not raise any concerns there was no evidence of a programme of activities in place for them. During the meeting with RQIA on 16 June some assurances were provided that residents did have some activities arranged. For example reminiscence, visiting and trips out with relatives. However, an activity programme and evaluation was not in place in accordance with the minimum standards. This area for improvement is stated for a third time.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Fergal Lynn has been the manager and responsible individual of this home since 9 May 2011.

The person in charge did not have access to confidential personnel information which is in keeping with good practice. Therefore the inspector was unable to review a number of management records, these included, registration of staff with NISCC and recruitment records. During the meeting on 16 June with Mr Lynn RQIA were presented with the necessary evidence to confirm that these processes were managed correctly.

There was evidence available that care plans, falls and manual handling had been audited. However, there was no written evidence available to confirm that a range of audits was being carried out to monitor the quality of care and other services provided to residents on a regular basis. This was discussed with the manager and an area for improvement was identified.

Residents and their relative spoken with said that they knew how to report any concerns and said they were confident that the Manager would review this.

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.

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

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) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	8*	6*

* The total number of areas for improvement includes one standard that has been stated for a second time, one standard that has been stated for a third time, and three Regulations and two standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge 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 13 (4) Stated: First time To be completed by: Immediately and ongoing (12 May 2022)	The registered person shall ensure that medicines requiring cold storage are stored appropriately with reference to: <ul style="list-style-type: none"> • having an appropriate medicines refrigerator thermometer in place • monitoring and recording minimum, maximum and current refrigerator temperatures on a daily basis • Ensuring that refrigerator temperatures remain in the required range of 2°C to 8°C and that appropriate action is taken if temperatures deviate from this range. Ref: 5.2.2
Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediately and ongoing (12 May 2022)	The registered person shall ensure that medicines with a limited life after opening are not administered after expiry. Ref: 5.2.3
Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediately and ongoing (12 May 2022)	The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed. Ref: 5.2.5
Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 4 Ref: Regulation 20 (1) (c)(i)(ii)(iii) Stated: First time	The registered person shall put a more robust system in place to ensure compliance with mandatory staff training. Ref 5.2.1

<p>To be completed by: 1 September 2022</p>	<p>Response by registered person detailing the actions taken: Face to face training was not held due to having insufficient space to comply with distancing guidance. Staff were advised to follow online training in meantime. However face to face training has resumed covering mandatory training as well as other additional training, such as food hygiene.</p>
<p>Area for improvement 5 Ref: Regulation 16 (1) Stated: First time To be completed by: 1 September 2022</p>	<p>The registered person shall ensure individual resident care plans are written with sufficient detail to direct the care required to meet the resident's needs. This is made in regards to skincare and SALT care plans.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The SALT care plan was in the residents kardex where it would be seen at each handover as well as the kitchen. The residents care plan has been updated</p>
<p>Area for improvement 6 Ref: Regulation 27 Stated: First time To be completed by: 1 September 2022</p>	<p>The registered person shall ensure that the flooring in the bathroom is repaired/ replaced and the ceiling in the lounge is repainted.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Both these areas have been repaired</p>
<p>Area for improvement 7 Ref: Regulation 14 (2)(a)(c) Stated: First time To be completed by: Immediate action required</p>	<p>The registered person shall ensure that substances hazardous to the health of residents, such as chemicals, are safely stored in accordance with COSHH requirements.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This has been actioned and I have arranged for new locks to replace the current locks on these units in accordance with COSHH Requirements</p>

<p>Area for improvement 8</p> <p>Ref: Regulation 17(1)</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2022</p>	<p>The registered person shall ensure that a robust governance systems is implemented and maintained to assure the quality of services in the home.</p> <p>Ref:5.2.5</p> <p>Response by registered person detailing the actions taken: Governance systems have ben reviewed and implemented according to dept and general overview of all depts in the home</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing (12 May 2022)</p>	<p>The registered person shall ensure that prescribed medicines are confirmed in writing for each admission or readmission.</p> <p>Ref: 5.2.4</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing (12 May 2022)</p>	<p>The registered person shall ensure that records are in place to demonstrate that staff responsible for medicines management have been trained and deemed competent.</p> <p>Ref: 5.2.6</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 13</p> <p>Stated: Third time</p> <p>To be completed by: 30 May 2021</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: 5.1 and 5.2.4</p> <p>Response by registered person detailing the actions taken: Structured activities are arranged in consultation with the residents choices and recorded</p>

<p>Area for improvement 4</p> <p>Ref: Standard 25</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the staff duty rota:</p> <ul style="list-style-type: none"> Includes the manager's hours of work and the capacity in which they work within the home <p>Ref: 5.1</p> <hr/> <p>Response by registered person detailing the actions taken: Managers Management Hours and Care Hours are distinct and on the rota. Since Inspection of August 2020.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 24</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2022</p>	<p>The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: An Appraisal and Supervision Schedule is in place.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that oxygen cylinders are safely and securely stored.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Oxygen Cylinders are locked / secured in clinical area</p>

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



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