



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment: Rowandale
Establishment ID No: 1322
Date of Inspection: 16 July 2014
Inspector's Name: John McAuley
Inspection No: 17527

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 GENERAL INFORMATION

Name of Home:	Rowandale Private Residential Home
Address:	1-3 Shingle Cove Bay Road Carnlough County Antrim BT44 OEH
Telephone Number:	02828885543
E mail 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:	12
Scale of Charges (per week):	£461 plus £14 top up per week
Date and type of previous inspection:	11 March 2014 Secondary Unannounced Care Inspection
Date and time of inspection:	16 July 2014 10.30am – 1.30pm
Name of Inspector:	Mr 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 secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is 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.

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 (2008)

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

4.0 METHODS/PROCESS

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

5.0 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 Standard/s:

Standard 9 - Health and Social Care

The inspector has 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.

6.0 PROFILE OF SERVICE

Rowandale Residential Care home is situated on the Bay Road on the perimeter of the village of Carnlough.

The registered provider and manager is Mr Feargal Lynn.

Accommodation for residents is provided for 15 residents in single room accommodation and one double room accommodation. Access to the first floor is via a stair lift and stairs.

Communal lounges and a dining area are provided for. Many areas of the home benefit from excellent sea views.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home. A garden is located to the rear of the home with easy access.

The home is registered to provide care for a maximum of 13 persons under the following categories of care:

Residential Care –

- I – Old age not falling into any category
- MP(E) – (mental disorder excluding learning disability or dementia over 65 years)
- DE - (dementia for six residents)

7.0 SUMMARY OF INSPECTION

This secondary unannounced care inspection of Rowandale was undertaken by John McAuley on 16 July 2014 between the hours of 10:00am and 2:15pm. The Registered Provider / 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 one requirement made as a result of the previous inspection on 11 March 2014 was also examined. There was evidence that the home has addressed the implementation of competency and capability assessments for any member of staff with the responsibility of being in charge of the home in his absence. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

The focus of this unannounced inspection was on Standard 9 of the DHSSPS Residential Care Homes Minimum standards on Health and Social Care. There were processes in place to ensure the effective management of the standard inspected. Staff were found to be knowledgeable and understanding of residents' needs. Identified issues of assessed need had a recorded statement of care / treatment given with effect of same. This included referral to the appropriate healthcare professional(s). A recommendation has been made to establish an accessible system of monitoring when care review meetings take place and are routinely due. This standard has been overall assessed as compliant.

During the inspection the inspector met with residents, staff, a visiting relative and a visiting professional to discuss the day to day arrangements in relation to the conduct of the home

and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they 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 indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents and staff, the visiting relative and a visiting professional are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, and fresh smelling throughout. Décor and furnishings were found to be a dated standard in many areas but fit for purpose.

Staff interactions with residents were observed to be polite, friendly, warm and supportive. Residents were found to be comfortable, content and at ease in their environment and interactions with staff.

A number of additional areas were also examined these included a review of the records of complaints and the record of accidents / incidents. A recommendation was made in respect of the format of recording accidents and incidents. Further details can be found in section 10.0 of the main body of the report.

Two recommendations were made as a result of the secondary unannounced inspection. Details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, staff and the registered manager for their assistance and co-operation throughout the inspection process.

8.0 FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	20 (3)	<p>The registered manager shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.</p> <p>Reference to this is made in that a competency and capability assessment must be devised and put in place with each member of staff with this responsibility.</p>	<p>Competency and capability assessments has been devised and has been put in place with any member of staff with the responsibility of being in charge, in the absence of the registered manager.</p>	<p>Compliant</p>

9.0 STANDARD 9 – HEALTH AND SOCIAL CARE

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.1 The home has details of each resident’s General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings:	
A review of three residents’ care records confirmed that contact details of the residents’ aligned GP and their aligned health care professionals were appropriately maintained. Evidence was also in place to confirm that as applicable a resident is provided with information on the choice of GP services in the locality and is assisted in registering with same.	Compliant
Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	COMPLIANCE LEVEL
Inspection Findings:	
Discussions with staff on duty, together with a review of residents’ care records, confirmed that staff has understanding and knowledge of the general health and social care needs of residents.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>A review of residents' care records found that the progress records of residents' general health and well-being was monitored and recorded appropriately.</p> <p>Evidence was in place to confirm that issues of assessed need had a corresponding statement of care / treatment given and effect of same. This included referral to the aligned health care professional(s).</p> <p>A recommendation has been made for a matrix of the dates of all residents' care reviews to be established and maintained, and that the minutes of the most recent care review meeting is maintained in the active care record. This will ease accessibility of such information and help the home to organise such reviews when same are due. This recommendation was made in respect of where the date reviews could not be accessibly established.</p> <p>A recommendation has also been made that in the format of recording accidents / incidents to clearly indicate on whether the resident's aligned social worker was notified of the event and if not why not.</p>	<p align="center">Substantially compliant</p>

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.4 Where appropriate, the resident’s representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings:	
The resident’s representative is encouraged as appropriate to be involved in the referrals to health and social care appointments. Contact with the resident’s representative is appropriately recorded, including feedback from such appointments Discussions with a visiting relative also confirm that he / she was kept well informed of feedback from health and social care appointments and had good confidence with the home’s management of same.	Compliant
Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents’ health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings:	
The home maintains a matrix of dates of residents’ health care screening and appointments with aligned health care professionals.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
General observations at the time of this inspection, found that residents' aid, appliance and personal equipment were maintained appropriately to provide maximum benefit for the resident.	Compliant

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's Consultation

The inspector met with all 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.

Comments received included statements such as:

- "The staff are very good to me "
- "Everything is grand"
- "No complaints"
- "They couldn't be any kinder"
- "All is fine, no worries"
- "We are looked after well"

No concerns were expressed or indicated.

10.2 Relatives/Representative Consultation

The inspector met with one visiting relative at the time of this inspection. This relative was very complimentary about the provision of care and the kindness and support received from staff and management.

No concerns were expressed.

10.3 Staff Consultation

The inspector spoke with four members of staff of various grades. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff described the staff morale and teamwork in the home as good and they had no concerns in respect of the provision of care.

Staff demonstrated awareness and knowledge of the needs of residents and categories of care accommodated in the home.

No concerns were expressed.

10.4 Visiting Professionals' Consultation

The inspector met with one visiting professionals in the home at the time of this inspection. This person conveyed that he / she had good confidence in the home and that assessed issues of needs are duly managed and dealt with.

No concerns were expressed.

10.5 General Environment

The home presented as clean, tidy and fresh smelling throughout. The décor and furnishings were dated in many areas but fit for purpose.

10.6 Complaints

A review of the home's record of complaints together with discussions with the registered manager found evidence to confirm that expressions of dissatisfaction are taken seriously and managed appropriately.

10.7 Accident / Incident Reports

A review of these reports was undertaken from 1 February 2014. In large these were found to be maintained satisfactorily. However a recommendation has been made to include in the format of recording these, to include details on whether the accident / incident has been reported to the resident's aligned social worker, which was found not to be the case for many of these.

10.8 Care Practices

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. Staff were observed to be diligent in attending to residents' needs, in a supportive manner. Care duties and tasks were found to be carried out in an organised, unhurried manner.

Staff interactions with residents were observed to be polite, friendly, warm and supportive. Residents were found to be comfortable, content and at ease in their environment and interactions with staff.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with the Registered Manager 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

Secondary Unannounced Care Inspection

Rowandale

16 July 2014

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 the Registered Manager, 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.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), 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.	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. 	One	<p>A matrix outlining when residents review dates are due has been formulated together with a system to request a review in the event of significant changes in any residents care plan.</p> <p>Completed Review Documentation will now be placed in residents Care Plan and not in a general Review File as was previously the case.</p>	23 August 2014
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>	One	<p>Residents aligned worker was always informed of any serious accident / incident (where medical intervention is sought) It is now our practice that the aligned worker is informed in every event. Previously minor events were collated at annual review.</p>	16 August 2014

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 and returned to care.team@rqia.org.uk

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	29 September 2014
Further information requested from provider			