

# Inspection Report

27 February 2024



## Rowandale

Type of service: Residential Care Home  
Address: 1-3 Shingle Cove, Bay Road, Carnlough, BT44 0EH  
Telephone number: 028 2888 5543

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Lynn McKillip Ltd</p> <p><b>Responsible Individual</b> Mr Patrick Samuel McMahon</p>	<p><b>Registered Manager:</b> Mr Krzysztof Ossowski- not registered.</p>
<p><b>Person in charge at the time of inspection:</b> Mr Krzysztof Ossowski</p>	<p><b>Number of registered places:</b> 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><b>Categories of care:</b> 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><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 14</p>
<p><b>Brief description of the accommodation/how the service operates:</b> Rowandale is a residential care home which is registered to provide personal and social care for up to 15 residents. Residents' bedrooms are located over two floors. Residents have access to a lounge area, dining area and a conservatory.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 27 February 2024, from 10.30am to 4.00pm 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.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Residents 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.

RQIA were assured that the delivery of care and service provided in Rowandale was safe, effective, compassionate and that the home was well led.

RQIA would like to thank the staff and residents for their assistance throughout the inspection.

### **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 Mr Krzysztof Ossowski, manager, at the conclusion of the inspection

### **4.0 What people told us about the service**

Residents commented positively regarding the home and said they felt they were well looked after. A resident told us of how, "The staff couldn't be better, the food is good and there are plenty of activities.". Another resident spoke of how, "The staff are attentive, there is plenty of choice. I couldn't be happier."

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

No additional feedback from the questionnaires was received from residents, relatives or from staff via the online questionnaire following the inspection.

### **5.0 The inspection**

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

<b>Areas for improvement from the last inspection on 10 October 2023</b>		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> Third time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> Third time	The registered person shall ensure that substances hazardous to the health of residents, such as chemicals, are safely stored in accordance with COSHH requirements.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 3</b>  <b>Ref:</b> Regulation 12.1  <b>Stated:</b> First time	The registered person shall provide care to residents and ensure that the care provided to residents meets their individual needs. This is stated in relation to SALT assessments and care plans, being followed by staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 6.3 <b>Stated:</b> Second time	The registered person shall ensure that the resident or their representative sign the care plan along with the member of staff responsible for drawing it up	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b> <b>Ref:</b> Standard 35 <b>Stated:</b> Second time	The registered person shall ensure that there is a managed environment that minimises the risk of infection	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 3</b> <b>Ref:</b> Standard 27 <b>Stated:</b> Second time	The registered person shall ensure that the premises are well maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 4</b> <b>Ref:</b> Standard 25.8 <b>Stated:</b> First time	The registered person shall ensure that staff meetings take place on a regular basis, and at least quarterly in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 5</b> <b>Ref:</b> Standard E8 <b>Stated:</b> First time	The registered person shall ensure that resident call bells are provided in every room used by residents when safe to do so, and linked to a system that alerts staff that a call is being made or assistance is required.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for Improvement 1</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 7</b> <b>Ref:</b> Standard 17.10 <b>Stated:</b> First time	The registered person shall ensure that records are kept of all complaints, and details are kept of any investigations and outcomes taken.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing arrangements, Care Delivery and Record Keeping

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.

There was evidence of regular staff meetings. It was discussed with the manager the need for staff to sign the record of the staff meetings.

Staff told us that there was enough staff on duty to meet the needs of the residents.

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.

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, resident care records were maintained which accurately reflected the needs of the residents. 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.

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.

The dining experience was an opportunity of residents to socialise, music was playing, 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.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Lunch was a pleasant and unhurried experience for the 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. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. It was discussed with the manager the need for more detail to be included in the care plans around the management of diabetes, when this was required.

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 was recorded.

## **5.2.2 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.

Residents' needs were met through a range of individual and group activities, such as arts and crafts, musical activities and reminiscence. It was discussed with the manager the need for the staff member who is leading any activity with residents, for the staff members name to be recorded as part of the activity record.

## **5.2.3 Management of the Environment, Infection Prevention and Control and Management and Governance Arrangements**

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. The carpet upstairs has recently been replaced, and a new shower had been installed on the ground floor.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas 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.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

There has been no change in the management of the home since the last inspection. Mr Krzysztof Ossowski has been the acting manager in this home since 9 October 2023.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would address these.

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 a system in place to manage complaints. Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Krzysztof Ossowski, manager, as part of the inspection process and can be found in the main body of the report.





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