

Unannounced Care Inspection Report

27 April 2017



Rowandale

Type of Service: Residential Care Home
Address: 1-3 Shingle Cove, Carnlough, BT44 0EH
Tel No: 02828885543
Inspector: John McAuley

1.0 Summary

An unannounced inspection of Rowandale took place on 27 April 2017 from 12:00 to 15:30 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout this inspection in relation to staff recruitment, adult safeguarding and staff supervision.

Three areas for improvement were identified in relation to risk assessments for residents who smoke, the fire safety risk assessment and fire safety drills.

Is care effective?

There were examples of good practice found throughout this inspection in relation to maintenance of care records and communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

There were examples of good practice found throughout this inspection in relation to feedback from residents and staff and observations of care practices and general atmosphere in the home.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout this inspection in relation to governance arrangements, management of complaints and accidents and incidents and maintenance of good working relationships.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Feargal Lynn, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 29 November 2016.

2.0 Service details

Registered organisation/registered provider: Feargal Lynn	Registered manager: Feargal Lynn
Person in charge of the home at the time of inspection: Feargal Lynn	Date manager registered: 9 May 2011
Categories of care: I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	Number of registered places: 15

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and accident and incident notifications.

During the inspection the inspector met with 13 residents, four members of staff of various grades and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision schedule
- Staff training schedule/records
- One staff recruitment file
- Resident's care files
- Complaints and compliments records
- Accident/incident/notifiable events register
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

- Programme of activities
- Policies and procedures manual

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 29 November 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 29 November 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13.7 Stated: First time To be completed by: 29 January 2017	The registered provider must replace the wooden base to a toilet in accordance with infection prevention and control good practice. Action taken as confirmed during the inspection: This issue has been made good.	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 6.1 Stated: First time To be completed by: 29 December 2016	The registered provider should ensure the resident and or their representative and their aligned healthcare professional are involved and consulted in their assessment, care planning and review. Action taken as confirmed during the inspection: Appropriate consultation has been put in place.	Met

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training and supervision of staff was regularly provided. A schedule for mandatory training and staff supervision was maintained.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

Discussion with the registered manager and inspection of one staff member's personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. One issue of risk was identified with residents' smoking. A risk assessment was in place but this assessment lacked detail. Advice was given in relation to risk assessment and how this needed to be developed with staff. A requirement was made for residents who smoke to have an individual risk assessment in accordance with current guidelines on smoking, with subsequent appropriate action taken.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had

understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The home was clean and tidy. Active plans were in place to upgrade the décor and furnishings which were tired and dated in many areas.

There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated April 2017. The report of this had yet to be issued to the home but confirmation was received from the home's fire safety risk assessor. A recommendation was made that an action plan with timescales to be sent to the home's aligned estates inspector detailing how these recommendations will be dealt with.

Inspection of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were not completed on an up to date basis for all staff. A requirement was made for this to be acted on. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

Three areas for improvement were identified in relation to risk assessments for residents who smoke, the fire safety risk assessment and fire safety drills.

Number of requirements	2	Number of recommendations	1
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

An inspection care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Issues of assessed need in residents' progress records had a recorded statement of care / treatment given with effect (s) of same. Care needs assessment were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. This was evidenced by staff knowledge and understanding of individual resident's needs.

Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice confirmed that staff were able to communicate effectively with residents.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The inspector met 13 residents at the time of this inspection. In accordance with their capabilities all confirmed that they were happy and satisfied with their life in the home, their relationship with staff and the provision of meals. Some of the comments made included statements such as;

- "I am very happy here and well looked after"
- "No complaints at all"
- "The food is lovely. Always a choice of what I like to eat"
- "It's a lovely place"
- "Feargal and the staff are great"

Staff in the home spoke about how they promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care.

Discussion with residents and staff confirmed that residents' spiritual and cultural needs, were met within the home.

Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of

care records having evidence those issues of assessed need such as pain having a subsequent recorded statement of care given and effect(s) of same recorded.

Observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff interactions with residents were found to be polite, friendly, warm and supportive. Residents were found to be comfortable and at ease in their environment and interactions with staff.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Observations of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included residents' meetings, care review meetings and day to day contact with management.

Discussion with residents and staff, confirmed that residents were enabled and supported to engage and participate in meaningful activities. A planned programme of activity was on display with activity in place each afternoon. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents' Guide and information on same displayed.

Discussion with the registered manager confirmed that he was knowledgeable about how to receive and deal with complaints.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

The registered manager confirmed that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home’s Statement of Purpose and Residents Guide.

Discussion with the registered manager identified that he had good understanding of his role and responsibilities under the legislation.

Inspection of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Feargal Lynn, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 27(4)(b)</p> <p>Stated: First time</p> <p>To be completed by: 28 May 2017</p>	<p>The registered provider must individually risk assess residents who smoke in accordance with current guidelines on smoking, with subsequent appropriate action taken.</p> <p>Response by registered provider detailing the actions taken: Smoking Risk Assessment has been carried out on our resident who smokes and all appropriate risk management measures are in place.</p>
<p>Requirement 2</p> <p>Ref: Regulation 27(4) (e)</p> <p>Stated: First time</p> <p>To be completed by: 28 May 2017</p>	<p>The registered provider must ensure all staff in the home are in receipt of fire safety drills training.</p> <p>Response by registered provider detailing the actions taken: Frequency of Fire Drills with staff have been increased and any learning points are followed up with staff on duty.</p>
<h3>Recommendations</h3>	
<p>Recommendation 1</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: 28 June 2017</p>	<p>The registered provider should submit an action plan with timescales to the home's aligned estates inspector detailing how the recommendations from the fire safety risk dated April 2017 will be dealt with.</p> <p>Response by registered provider detailing the actions taken: All action points from Fire Risk Assessment have been completed and copy forwarded to Estates Inspector by Royal Mail.</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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