

Unannounced Care Inspection Report 29 November 2016



Rowandale

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

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Rowanda took place on 29 November 2016 from 11:00 to 14:00 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 was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

One area of improvement was identified in relation to replacing a wooden base to a toilet in accordance with infection prevention and control good practice.

Is care effective?

One area of improvement was identified in relation to the resident and or their representative and their aligned healthcare professional being involved and consulted in their assessment, care planning and review.

Is care compassionate?

There were examples of good practice found throughout this inspection in relation to feedback received from residents at the time of this inspection in relation to the care provided in the home and the choice facilitated with the dinner time meal.

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 the governance arrangements in place, management of complaints 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	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Feargal Lynn the 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 30 June 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 15 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 and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Two residents' 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
- Individual written agreement
- Programme of activities
- Policies and procedures manual

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 30 June 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 30 June 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19(1)(a) Schedule 3(3)(k) Stated: First time To be completed by: 30 July 2016	<p>The registered provider must ensure the progress records to be maintained in sufficient detail to account for the resident's progress, care or well-being.</p> <p>Action taken as confirmed during the inspection: An inspection of a sample of residents' progress records confirmed that these were recorded in sufficient detail to account for the resident's progress, care and / or well-being.</p>	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 16.1 Stated: First time To be completed by: 30 September 2016	<p>The registered provider should update the home's safeguarding policy and procedure to include the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and the establishment of a safeguarding champion in the home.</p> <p>Action taken as confirmed during the inspection: This policy and procedure has been revised accordingly.</p>	Met
Recommendation 2 Ref: Standard 23.6	<p>The registered provider should ensure that fire safety training records are maintained on an up to date basis.</p>	Met

Stated: First/ time To be completed by: 30 July 2016	Action taken as confirmed during the inspection: Fire safety training records have been maintained on an up to date basis.	
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Recommendation 3 Ref: Standard 6.6 Stated: First time To be completed by: 30 July 2016	The registered provider should ensure that the identified assessed need in a care plan is revised accordingly in consultation with the resident and their aligned healthcare professional (s). Action taken as confirmed during the inspection: This care plan has been revised accordingly. However further work is needed to ensure that this is done in consultation with the resident and their aligned healthcare professional.	Partially met
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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.

Staffing levels at the time of this inspection consisted of;

- 1 x registered manager
- 1 x senior care assistant
- 1 x care assistant
- 1 x cook
- 1 x domestic

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

Discussion with the registered manager and 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 of staff was regularly provided. A schedule for mandatory training maintained and was inspected during the inspection.

The registered manager 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 confirmed that no staff have been recruited since the previous inspection, therefore staff personnel files were not inspected on this occasion. Discussion with the registered manager confirmed knowledge of the legislative

requirements for staff to be 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. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

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 a safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

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, inspection 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 a sample of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

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 infection prevention and control 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. A toilet in the ground floor had a wooden base surround which would not have adhered to IPC guidance. A requirement was made for this to be replaced.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The home was clean, tidy and comfortably heated. The general décor and furnishings in areas of the home were dated and tired although fit for purpose.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. 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 21 January 2016. Confirmation was received to RQIA on 31 May 2016 that the recommendations made from this assessment were appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. 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 up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

One area of improvement was identified in relation to replacing a wooden base to a toilet in accordance with infection prevention and control good practice.

Number of requirements	1	Number of recommendations	0
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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 of a sample of two residents' care records was undertaken. These 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.

Care needs assessment and risk assessments reviewed and updated on a regular basis or as changes occurred.

One record contained evidence that the resident and or their representative and their aligned healthcare professional were involved and consulted in their assessment, care planning and review. The other record did not contain this evidence. A recommendation was made for this to be put in place accordingly.

Discussion with staff confirmed that a person centred approach underpinned practice. For example after their lunchtime meal some residents choose to have a rest in their bedrooms.

An individual agreement setting out the terms of residency was in place and appropriately signed.

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. For example he has introduced a weekly meeting with staff to update on any developments in the resident care and changes to the care plans.

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 evidenced that staff were able to communicate effectively with residents.

A review 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

One area of improvement was identified in relation to the resident and or their representative and their aligned healthcare professional being involved and consulted in their assessment, care planning and review.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality, diversity and choice of residents.

Discussion with residents and staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

The inspector met with all the residents in the home at the time of this inspection. In accordance with their capabilities all confirmed / indicated that they were happy with their life in the home and the provision of care. Some of the comments made included statements such as;

- "It's a home from home here. It's nice you can depend on the staff when you need them"
- "Everything is just grand. No complaints what so ever"
- "I am very glad I came here. I wouldn't be anywhere else. They look after me very well"

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

An appetising nicely presented dinner time meal was provided for. This meal had a good provision of choice for which residents' likes and dislikes were suitably catered for.

The inspector met with four members of staff of various grades on duty. All confirmed that they felt a good standard of care was provided for and that residents were treated as individuals with due dignity and respect.

Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

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.

Discussion with residents and 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 reviews and day to day contact with the home's management.

Discussion with staff and residents confirmed that residents were satisfied with activities provided for in the home. 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 confirmed 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 Resident' Guide and information 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.

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. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the resident.

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.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework.

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

Review 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.

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

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

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 Lyn the 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 13.7</p> <p>Stated: Firsttime</p> <p>To be completed by: 29 January 2017</p>	<p>The registered provider must replace the wooden base to a toilet in accordance with infection prevention and control good practice.</p>
	<p>Response by registered provider detailing the actions taken: Plumber arranged to replaced toilet and remove raised base as highlighted.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 6.1</p> <p>Stated: First time</p> <p>To be completed by:29 December 2016</p>	<p>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.</p>
	<p>Response by registered provider detailing the actions taken: Review documentation including all details of residents involvement in chosing their placement has been requested.</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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