

Unannounced Care Inspection Report

30 June 2016



Rowandale

Type of Service: Residential Care Home

Address: 1-3 Shingle Cove, Carnlough, BT44 0EH

Tel No: 028 2888 5543

Inspector: John McAuley

1.0 Summary

An unannounced care inspection of Rowandale took place on 30 June from 10:45 to 14:00hours.

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

Is care safe?

There were two areas of improvement identified with this domain.

One recommendation was made to update the 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.

A recommendation was made for the fire safety training records to be maintained on an up to date basis.

Is care effective?

There were two areas of improvement identified with this domain.

One recommendation was made for an identified assessed need in a care plan to be revised accordingly in consultation with the resident and their aligned healthcare professional(s).

A requirement was made for the progress records to be maintained in sufficient detail to account for the resident's progress, care or well-being.

Is care compassionate?

No areas of improvement were identified within this domain. The main example of good practice in this domain was with discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Is the service well led?

No areas of improvement were identified within this domain. The main example of good practice in this domain was the registered manager's knowledge and understanding of role, legislation and standards. It was also good to note the role of the registered manager/provider doing actual shifts in the home on a weekly basis as required.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The 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	3

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 previous QIP there were no further actions required to be taken following the last inspection.

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 RC-MP(E), RC-DE, RC-I	Number of registered places: 15
Weekly tariffs at time of inspection: £494	Number of residents accommodated at the time of inspection: 15

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan (QIP) and the accident/incident notifications.

During the inspection the inspector met with 15 residents, two visiting relatives, one visiting health care professional, three staff members and the registered manager.

Six resident views, six representative views and six staff views questionnaires were left in the home for completion and return to RQIA.

The following records were examined during the inspection:

- Three residents’ care records
- Record of an induction programme
- Mandatory training records
- Policy on adult safeguarding
- Fire safety records
- Records of audits
- Record of complaints
- Policies in the home
- Accident and incidents records
- Two staff members’ recruitment records
- Annual quality assurance report

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 4 May 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 12 January 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 16(1)</p> <p>Stated: First time</p> <p>To be completed by: 12 April 2016</p>	<p>A review must be put in place with all residents’ care records. This review must consequently ensure that there is clear evidence of resident consultation in the assessment, care planning and review stages of care.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A review had put in place to ensure resident consultation with assessments, care plans and reviews of care.</p>	<p>Met</p>

Requirement 2 Ref: Regulation 17 Stated: First time To be completed by: 12 April 2016	An annual quality assurance report must be put in place and maintained. This report must amongst other details include consultation with residents and their representatives.	Met
	Action taken as confirmed during the inspection: The annual quality assurance report had been put in place. Inspection of this document found this to be informative and detail with clear plans to develop the service.	

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 or staff.

On the day of inspection the following staff were on duty –

- 1 x registered manager
- 2 x senior care assistants
- 1 x cook
- 1 x domestic

These staffing levels were found to be appropriate to meet the assessed needs of residents, taking account of the size and layout of the home and fire safety requirements.

Inspection of two completed induction records and 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 was regularly provided. A matrix was in place that listed the dates of mandatory training received by staff. An inspection of this document found that mandatory training for staff was being maintained on an up to date basis.

A competency and capability assessment was in place for any member of staff with the responsibility of being in charge in the absence of the registered manager.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. An inspection of two recently recruited staff members' files was undertaken. Evidence was in place to confirm that these staff members were recruited in line with legislation.

The registered manager had arrangements in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was dated August 2013. This included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A recommendation was made for this policy and procedure to be up dated 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. Discussions with the registered manager confirmed knowledge and understanding of safeguarding principles. Staff had received up to date training in safeguarding.

Staff were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints 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.

There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained from the multi-disciplinary team, prior to admission of residents to the home. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

There was observed to be no obvious restrictive care practices in place.

A general inspection of the home was undertaken which found the home clean and tidy. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap and disposable towels wherever care was delivered.

A review of the fire safety risk assessment dated 1 February 2016 and discussion with the registered manager confirmed that the recommendations made in this assessment had been completed.

Review of staff training records confirmed that staff completed fire safety training in June 2015. Updated training was provided in April 2016 but not recorded in these records. A recommendation was made for this to be acted upon accordingly. Fire safety records identified that there were weekly checks in place for fire alarm systems.

Areas for improvement

There were two areas of improvement identified with this domain.

One recommendation was made to update the 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.

A recommendation was made for the fire safety training records to be maintained on an up to date basis.

Number of requirements	0	Number of recommendations:	2
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4.4 Is care effective?

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

An inspection of three residents' care records confirmed that two of these were maintained in line with the legislation and standards. The care records included up to date assessment of needs, life history, risk assessments, care plans and daily / regular statement of health and well-being of the resident.

One care record did not have a comprehensive care plan in place pertaining to a particular assessed need. For example there was conflicting information recorded in the care plan issued from the referring Health and Social Care Trust and that of the home's up dated care plan. A recommendation was made for this care plan to be revised accordingly in consultation with the resident and their aligned healthcare professional (s).

An inspection of a particular resident's progress records found that these did not account for the resident's progress, care or well- being in any sufficient detail. Statements were recorded in a repetitive type basis. A requirement was made for this issued to be revised and acted upon.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussions with two visiting relatives also confirmed this, with relatives stating that they had good confidence with the care provided in the home.

Discussion with the registered manager confirmed that a person centred approach underpinned practice. For example discussions revealed how his knowledge and understanding of individual resident's needs and how these were met.

Discussion with a visiting health care professional was positive with this person stating that she had good confidence in and reassurance with the care provided.

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, the registered manager confirmed that audits were undertaken of accidents and incidents on a monthly basis, and medication is audited daily. This information adds to the governance arrangements in place by the registered manager and any areas of improvement are acted upon accordingly.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home. This also was observed in practice.

An inspection of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

Areas for improvement

There were two areas of improvement identified with this domain.

One recommendation was made for an identified assessed need in a care plan to be revised accordingly in consultation with the resident and their aligned healthcare professional(s).

A requirement was made for the progress records to be maintained in sufficient detail to account for the resident's progress, care or well-being.

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

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff confirmed that residents' spiritual and cultural needs were met.

The inspector met with 15 residents at the time of this inspection. In accordance with their capabilities all confirmed / indicated they were happy with their life in the home, their relationship with staff and the provision of meals and the provision of activities. Some of the comments made included statements such as;

- "It couldn't be any better. They look after me very well"
- "No complaints. I love it here"
- "I am very happy here. Everyone is very kind"
- "Things are great. We are very well attended to"

Observation of interactions found that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff, residents, and two visiting relatives confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents were watching television, resting or enjoying the company of one another.

Arrangements were in place for residents to maintain links with their friends, families and wider community. Examples of this included two residents who regularly go out with family to the local public house.

An appetising dinner time meal was provided for in a nicely appointed dining room. Discussions with the cook confirmed that she was knowledgeable about individual residents' likes and dislikes.

Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Two visiting relatives spoken with praised the staff in the home and all the care provided to their relative. The relatives also spoke with praise for the registered manager and their positive relationship with him.

There were systems in place to ensure that the views and opinions of residents were sought and taken into account in all matters affecting them. A record of residents meetings was available for inspection.

Areas for improvement

No areas of improvement were identified within 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 there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

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

Residents and their representatives were made aware of the process of how to make a complaint by way of a poster which outlined the complaints procedure. Inspection of the complaints records established that there were arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. Arrangements were in place to share information about complaints and compliments with staff. Records of compliments were also retained.

A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Learning from accidents and incidents was disseminated to staff through discussion at staff meetings.

The registered manager who is also the registered provider works shifts on a weekly basis and is knowledgeable about workload and duties.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure.

Staff spoken with confirmed that they were familiar with management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were aware of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Discussions with the registered manager found that he was knowledgeable about her role, legislation and standards.

Inspection of the premises confirmed that the home's certificate of registration was displayed.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The registered manager confirmed that staff could access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships 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.

Areas for improvement

No areas of improvement were identified within 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 this QIP were discussed with Feargal Lynn 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 your premises. 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 may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Care.Team@rqia.org.uk 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	
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>Response by registered provider detailing the actions taken: nil initial training on record keeping implemented and further training on record keeping scheduled for August 2016 to ensure any relevant detail is recorded and updated for all residents.</p>
Recommendations	
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>Response by registered provider detailing the actions taken: Safeguarding Policy under review and will be completed by the specified timescale.</p>
Recommendation 2 Ref: Standard 23.6 Stated: First/ time To be completed by: 30 July 2016	<p>The registered provider should ensure that fire safety training records are maintained on an up to date basis.</p> <p>Response by registered provider detailing the actions taken: Records on all fire safety training amended.</p>
Recommendation 3 Ref: Standard 6.6 Stated: First time To be completed by: 30 July 2016	<p>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).</p> <p>Response by registered provider detailing the actions taken: We have revised the care plan identified and it will be amended to more accurately reflect the residents specific care needs.</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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