



Unannounced Care Inspection Report

13 August 2019



Rowandale

Type of Service: Residential Care Home
Address: 1-3 Shingle Cove, Bay Road, Carnlough, BT44 0EH
Tel No: 028 2888 5543
Inspector: John McAuley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 15 residents within the categories of care detailed in its certificate of registration and 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Lynn McKillip Ltd Responsible Individual(s): Feargal Joseph Lynn	Registered Manager and date registered: Feargal Joseph Lynn – 9 May 2011
Person in charge at the time of inspection: Feargal Lynn	Number of registered places: 15 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.
Categories of care: 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	Total number of residents in the residential care home on the day of this inspection: 12

4.0 Inspection summary

An unannounced inspection took place on 13 August 2019 from 10.10 to 14.00 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the homely atmosphere in the home, the dining experience and observations of staff interactions with residents. Good practices were also found in relation to the managerial oversight by the registered manager and his knowledge of residents' needs and care interventions and also staffs knowledge and understanding of residents' needs and care.

One area requiring improvement was identified during this inspection. This was in relation to putting in place a risk assessment and associated care plan for any resident that smokes.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents, people who visit them and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) 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.

4.2 Action/enforcement taken following the most recent inspection dated 22 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 22 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspections, registration information, and any other written or verbal information received, for example notification reports.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were returned from any questionnaires in time for inclusion to this report.

During the inspection a sample of records was examined which included:

- staff duty rotas for week ending 17 August 2019
- staff training schedule and training records
- one staff member's recruitment and induction records
- two residents' records of care
- complaint records
- compliment records
- residents' quality assurance report

- accident/incident records from 4 January 2019
- fire safety risk assessment
- fire safety records
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 22 November 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (c) Stated: First time	The registered person shall ensure that staff supervisions and appraisals are maintained on a regular and up-to-date basis.	Met
	Action taken as confirmed during the inspection: A programme of staff supervision and appraisal has been put in place and maintained.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.8 Stated: First time	The registered person shall ensure the repair of the fault with the sitting scales.	Met
	Action taken as confirmed during the inspection: This repair was put in place.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

Throughout this inspection residents advised and indicated that they felt safe in the home and that staff were responsive to their needs and were kind and supportive.

Staffing

Inspection of the duty rota confirmed that it accurately reflective the staff on duty at the time of this inspection.

The registered manager advised that staffing levels were in keeping with resident dependencies and the size and layout of the home. The staffing levels over the 24 hour period were discussed. Discussions with residents and staff confirmed that they felt there was adequate staffing in place to meet residents' needs.

Staff recruitment

The recruitment records of a recently appointed staff member were inspection. This confirmed that the recruitment process was in accordance with regulations and standards.

Staff induction, supervision and appraisal

Discussions with staff confirmed that they had received a comprehensive programme of induction on appointment. An inspection of an induction record for a recently appointed staff member was undertaken and found to be appropriately in place. An inspection of the programme of supervisions and appraisals found these were being maintained in a regular and up-to-date basis for all staff. Staff spoke positively about this provision.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. This was being audited on a monthly basis.

Staff training

Inspection of staff training records found that mandatory requirements were being met. A matrix of staff training is in place which identifies when staff have last received their mandatory training and when up-date training is required.

Safeguarding

Discussions with staff confirmed that they had knowledge and understanding of safeguarding principals. Staff were aware of their obligations to report any concerns and advised that they found management to be approachable. They also advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with

such appropriately. Staff were knowledgeable of the Health and Social Care Trust's role in safeguarding and these contacts details were displayed.

Environment

The home was clean and tidy with a good standard of décor and furnishings being maintained.

Residents' bedrooms were comfortable and personalised. A resident's bedroom was being redecorated at the time of this inspection.

Communal areas were nicely facilitated and provided a relaxing space for residents to enjoy the company of one another, if desired. Nice artwork had been added of local scenes and interests.

There was good provision of infection prevention and control aids and equipment throughout the environment. Added to this there was accessible information available to residents, their representatives, visitors and staff on the need for good infection prevention and control practices.

The grounds of the home were accessible and well maintained.

Smoking

There was one resident in the home who smoked. This resident had no risk assessment and corresponding care plan in place pertaining to this area of risk. This has been identified as an area of improvement in accordance with regulation to put in place. A detailed risk assessment in accordance with current safety guidelines with a care plan needs to be put in place pertaining to this assessed need.

Fire safety

An inspection of the home's most recent fire safety risk assessment, dated 12 February 2019, was undertaken. There were no recommendations made as a result of this assessment.

An inspection of fire safety records confirmed that all staff were in receipt of up-to-date fire safety training and drills. Fire safety checks on the environment were also carried out by staff on a regular and up-to-date basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, support and the environment.

Areas for improvement

There were one area of improvement identified in relation to putting in place a risk assessment and corresponding plan for any resident who smokes.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Discussions with the registered manager and staff confirmed that they had good knowledge and understanding of residents' needs and prescribed care interventions. Staff also advised that there was good communication and teamwork between staff members for the benefit of residents.

Care records

An inspection of a sample of two residents' care records was undertaken. The care records were methodical and detailed in the information recorded. These records also were largely maintained in line with the regulations and standards, other than the assessed need pertaining to a resident who smoked. Records included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment and risk assessments, such as, safe moving and handling, nutrition, falls, 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.

There was evidence that residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Signatures of participation in this process were included the two care records inspected.

Effectiveness of care

Throughout this inspection there were examples of good delivery and effectiveness of care observed. Care practices such as safe moving and handling and infection prevention and control were found to be maintained in line with good practice.

Staff took time to interact with residents and consent was requested when seeking to undertake tasks with personal care or with assistance with mobility.

Residents were dressed well in matching clean attire. Glasses and walking aids were clean and appeared in good working order.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffs' knowledge and understanding of residents' needs, prescribed care interventions and how this impacted on the culture and ethos of the home.

Areas for improvement

There were no areas of improvement identified in relation to this domain during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with residents were found to be friendly, polite and supportive. A nice homely ambience was in place with residents being comfortable and at ease in their environment and interactions with staff.

Residents' Views

Discussions were undertaken with all the residents in the home at the time of this inspection. Residents confirmed that they were happy with the provision of care, the kindness and support received from staff, the provision of meals and the general atmosphere in the home. Some of the comments included;

- "It's a home from home here. They are all very good to me"
- "It couldn't be any better. I love it here"
- "The grub is very good. Plenty to eat"
- "No problems. I am very happy"
- "They are all very kind here"
- "I am most happy here and I am able to report and concerns or troubles I have to staff, which they will sort out".

One resident was in bedrest due to frail health but did appear to be comfortable and at ease.

Dining experience

The dining room was suitably facilitated with tables nicely set with choice of condiments. The choice of lunchtime meal was appetising, wholesome and nutritional. Staff attended to residents' needs in a caring unhurried manner. A nice ambience was in place for residents to enjoy their meal. Feedback from residents throughout this inspection on the provision of meals was all positive.

The catering facility was tidy, clean and appeared well organised.

Areas of good practice

There were examples of good practice in respect of this domain found throughout this inspection in relation to feedback from residents and general observations of care practices.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

During this inspection, the registered manager was undertaking caring duties as a member as staff was absent.

Management arrangements

The responsible individual is also the registered manager of the home. He is closely involved in the day to day management of the home, as well as working out of hour's shifts, as required.

Accidents and Incidents

An inspection of accidents and incidents reports from 4 January 2019 confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The format of recording accidents and incidents was considered good. A monthly audit of accidents and incidents was undertaken. This was discussed with the registered manager who demonstrated good governance in respect of this.

Staff views

Staff advised that they would feel comfortable about raising any concerns and they felt that any such would be dealt with appropriately by management. Staff confirmed that there were good morale and working relationships within the home. Staff also advised that they felt a good standard of care was provided for and discussions revealed that they were positive and enthusiastic about their roles and duties. One comment made included the statement;

- "I'd recommend this home to anyone"

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements and feedback from staff.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

The one area of improvement identified during this inspection is 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 if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 16(1)</p> <p>Stated: Firsttime</p> <p>To be completed by: 20 August 2019</p>	<p>The registered person shall put in place a detailed risk assessment and corresponding care plan for any resident who smokes, in consultation with the resident and/or their representative. This risk assessment needs to be in accordance with current safety guidelines. All staff need to be aware of this care plan.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Procedure in place for any resident who is admitted who smokes. No current resident smokes.</p>



The **Regulation and
Quality Improvement
Authority**

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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