



The Regulation and
Quality Improvement
Authority

The Roddens
RQIA ID: 1374
22 Queen Street
Ballymoney
BT53 6JB

Inspector: Ruth Greer
Inspection ID: IN22252

Tel: 0282766 3520
Email: shani.steenson@northerntrust.hscni.net

**Unannounced Care Inspection
of
The Roddens**

27 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 15 October 2015. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard inspected was assessed as being fully met.

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

1.1 Actions/enforcement taken following the last inspection

There were no requirements or recommendations made as a result of the previous inspection in May 2015.

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 0 |

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service details

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|--|--|
| Registered Organisation/Registered Person: Northern Health and Social Care Trust | Registered Manager: Shani Steenson |
| Person in charge of the home at the time of inspection: Mr P Dawson | Date manager registered: 18/8/2014 |
| Categories of care: RC-I | Number of registered places: 29 |
| Number of residents accommodated on day of inspection: 20 | Weekly tariff at time of inspection £470 |

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard had been met:

Standard 1 Residents' involvement - Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and notifications of accidents/incidents

During the inspection the inspector met with 14 residents, three care staff, two catering staff, one administrative staff, and five resident's representatives.

The following records were examined during the inspection:

Care notes (5)
Minutes of residents meetings
Satisfaction questionnaires
Minutes of reviews
Internal quality assurance documentation
Statement of purpose

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|--|--|--------------------------|
| Recommendation 1 Ref: Standard 21 Stated: First time To be Completed by: 30 May 2015 | The policy on end of life care should be reviewed and amended to provide specific guidance to staff relating to the care practice in the Roddens. Action taken as confirmed during the inspection: Inspector confirmed that the policy had been amended | Met |
| Recommendation 2 Ref: Standard 21 Stated: First time To be Completed by: 30 May 2015 | The policy of the management of continence should be reviewed and amended to provide specific guidance to staff relating to the care practice in the Roddens. Action taken as confirmed during the inspection: Inspector confirmed that the policy had been amended | Met |
| Recommendation 3 Ref: Standard 14 Stated: First time To be Completed by: 30 June 2015 | The manager should arrange training for staff in regard to death and dying. Action taken as confirmed during the inspection: Inspector confirmed the training had been provided | Met |

5.2 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

The home had a comprehensive induction programme for all new staff. Our inspection showed that the induction template incorporates the values of good social care. The induction also sets out the importance of including families in all aspects of care.

Residents' views are fully taken into account in all matters affecting them. Residents' meetings are held regularly the most recent on 7 July 2015 and 27 October 2015. The minutes of the meetings reflected residents' opinions. Yearly reviews of care are undertaken by the community named worker. Minutes of the reviews were seen in the files we inspected. The minutes had been signed by the residents and/or their representative. The home is currently under consideration for closure by the registered providers.

Residents and relatives have organised a steering group to lobby for the home to remain open. This pressure group is made up of staff, families, local dignitaries and M L A's.

Is care effective? (Quality of management)

The manager has devised and implemented various quality assurance systems. These included a six monthly audit of the care provided. As part of the audit satisfaction questionnaires are forwarded to residents and their relatives. We reviewed some of the completed questionnaires from the most recent audit. Comments were all very positive. The manager analyses the responses and uses this information in her overall quality assurance monitoring in the home. There are several policy documents which underpin the home's ethos and model of care. These include the:

Statement of Purpose
Residents' Guide

Our inspection of these documents evidenced that quality is the underlying principle of the homes care delivery. The documents reflected the expectations of the management in regard to staff practice. Explicitly stated is "Staff must actively promote the rights of residents" "residents must be treated at all times with courtesy and respect.

The deputy manager had just completed a course on Respect training. The course is provided for all staff with a refresher session every 3 years.

Monitoring visits in line with regulation 29 are undertaken monthly by the line manager of the home.

Is care compassionate? (Quality of care)

There were 20 residents in the home for the duration of this inspection. Ten were permanent residents and 10 were in for a respite or rehabilitative break. We observed staff providing care for all residents in a friendly and respectful manner. Staff with whom we spoke felt that care in the home is compassionate.

Areas for improvement

There were no areas of improvement noted and the standard inspected is assessed as met.

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|--------------------------------|---|-----------------------------------|---|
| Number of requirements: | 0 | Number of recommendations: | 0 |
|--------------------------------|---|-----------------------------------|---|

5.3 Additional areas examined

5.3.1 Residents

We spoke with most of the residents in the home at the time. All spoke positively about the care they receive and their life experience in the home. Residents were involved in the daily tasks; one resident was setting tables for lunch and had been out to collect the newspapers for the home. Residents both permanent and temporary spoke very positively about their life experience in the Roddens. There were no concerns raised apart from the fears expressed in relation to the future of the home. One resident who was in the home for a temporary period stated "When I'm at home I just live on micro waved meals and sometimes I feed them to the birds. In here the food is lovely homemade"

Other comments included:

"I wish I could stay here and not have to go back to living on my own"

"I don't understand why this home is closing"

"The girls are the best ever; they'd do anything for you"

5.3.2 Relatives

Five relatives were visiting and were happy to share their views. Relatives were complimentary about the care provided to their family members. Some of the relatives said they felt "powerless" and "frustrated" in light of the potential closure of the home. Comments included:

"My relative had care in other places and none could compare with here"

"I am always made welcome when I come to visit"

"If my relative has to move it will be unbearable"

5.3.3 Staff

On the day the following staff were on duty –

Deputy manager x 1

Care assistant x 4

Domestic x 3

Catering x 4

Laundry x 1

Administrative x 1

The deputy manager confirmed that this is satisfactory to meet the needs and numbers of persons accommodated.

Staff with whom we spoke reported that they feel a good standard of care is provided for residents and ample training opportunities for themselves. Staff stated that they feel supported by management and they are aware that residents' rights and preferences are the basis of all care provided. Observation of staff practice found it to be caring and respectful and delivered at the resident's pace. One staff member stated-

"We just want to do the very best for these residents"

"Everyone works well together as a team"

Staff were concerned about the closure of the home and of their own prospects should this happen. However, staff confirmed that the standard of care would be maintained "no matter what the decision is" for as long as the home remained operational.

5.3.4 Environment

The environment internally was found to clean and fresh smelling. There are several lounge areas with a variety of seating arrangements to suit individual residents. Residents have personalised their bedrooms. There were no hazards noted on our inspection of the home.

5.3.5 Complaints

There have been no complaints recorded since the previous inspection

5.3.6 Accidents/incidents

Inspection of the accident record showed that these have been responded to and recorded appropriately.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

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|--|--------------------------------|-----------------------|----------|
| Registered Manager | Shani Steenson | Date Completed | 13/11/15 |
| Registered Person | Dr Tony Stevens Una Cunning | Date Approved | 01/12/15 |
| RQIA Inspector Assessing Response | Ruth Greer | Date Approved | 10/12/15 |

Please provide any additional comments or observations you may wish to make below:

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