

Unannounced Care Inspection Report 2 November 2017



The Roddens

Type of Service: Residential Care Home
Address: 22 Queen Street, Newal Road, Ballymoney, NT53 6JB
Tel No: 028 2766 3520
Inspector: Ruth Greer

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.

1.0 What we look for



2.0 Profile of service

The Roddens is a residential care home registered to provide care to 29 persons whose needs have been assessed within the categories of care cited on the registration certificate.

3.0 Service details

Organisation/Registered Provider: Northern Health and Social Care Trust Responsible Individual(s): Tony Stevens	Registered Manager: Philip Dawson
Person in charge at the time of inspection: Philip Dawson	Date manager registered: Philip Dawson- application received - "registration pending".
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Number of registered places: 29

4.0 Inspection summary

An unannounced care inspection took place on 2 November 2017 from 9:45 to 13:50.

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

The inspection assessed progress with any areas for improvement identified during and 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 quality assurance systems which were found to develop practice, were thorough and robust and are detailed in the body of the report.

Areas requiring improvement were identified in relation to the environment (stated for the second time) and showering facilities for residents.

Residents were positive in their comments regarding their experience of care in the home. No concerns were raised.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Philip Dawson, 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 April 2017.

5.0 How we inspect

Prior to inspection the following records were analysed: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with thirteen residents, eight staff and two visiting professionals.

Questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Staff were invited to share their views electronically. In total three questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Accident/incident/notifiable events register
- Annual quality review report
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as partially 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 most recent inspection dated 11 April 2017

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

6.2 Review of areas for improvement from the last care inspection dated 11 April 2017

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 27 (2)(b) Stated: First time	The registered provider must repair /replace the carpet in the lounge and repair/ redecorate the damage in the wall in the same lounge.	Partially met
	Action taken as confirmed during the inspection: The damage to the wall had been repaired. The manager advised that the lounge had been measured and funding agreed. However new floor covering had not been provided, therefore this area of improvement is stated for the second time.	

6.3 Inspection findings

6.4 Is care safe?

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

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. For example the home has introduced a twilight shift to ensure residents are assisted to retire to bed at a time and manner which best suits their choice.

Staff rotas, discussion with staff and the observation on the day confirmed that there were sufficiently qualified, competent and experienced persons working in the home to meet the assessed needs of the residents. The number of staff available to provide care presented as

satisfactory taking into account the size and layout of the premises, the number of residents, fire safety requirements and the statement of purpose.

Records were kept of staff working each day, the capacity in which they worked and who was in charge of the home for each shift. A competency and capability assessment had been completed for all senior staff who may take charge of a shift in the absence of the manager.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

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 and that records were retained at the organisation's personnel department.

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 the name of the 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 regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures 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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. The safe guarding champion provides six monthly refresher training for all staff. This is good practice.

Discussion with the 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 screening and /or investigation in accordance with procedures and legislation.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The manager confirmed there were, in the main, no restrictive practices employed within the home with the exception of an alert mat in place for one resident who was in the home for a temporary period. The alert mat formed part of the resident's agreed care plan on admission to

the home. Discussion with the manager regarding this restriction confirmed that it was appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

There were 21 residents accommodated in the home. Six were permanent residents the rest were in the home for rehabilitation and respite purposes. Two health care professionals were providing physiotherapy and occupational therapy services to residents whose goal was to return to their own home. Discussion with the healthcare professionals found that they felt the home was a safe setting where residents were protected and encouraged by staff in order to achieve a level where they could return to their own homes.

In discussion with staff they confirmed that they were aware of residents' risk assessments and care plans. This enabled staff to provide the right care at the right time. Staff felt that the residents were safe in the home and that they were supported in their role by the manager.

The manager confirmed there were risk management policy and procedures in place. Discussion with the manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly.

The manager has recently undertaken a full audit of the COSHH arrangements in the home. As a result several comprehensive files have been compiled of information for staff guidance relating to safe practice in the kitchen, laundry and the rest of the home. An external team of COSHH auditors undertook an unannounced inspection of the COSHH arrangements in the home in September 2017. This formed part of the Trust's overall quality assurance measures. The information files devised by The Roddens were used by these auditors as an example of best practice. This is commendable.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. 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.

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

The manager undertakes a weekly infection control audit of the home. In addition, infection control nurses from the trust audit the home's practices every in relation to infection control every month.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

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. One lounge carpet which was noted at the last inspection to require replacement had not been replaced although the manager advised that funding had been agreed to do so. This will be stated for a second time in the quality improvement plan of this report.

Discussion with the manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 8 August 2017 and no recommendations were made as a result.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed most recently on 21 September 2017. Records were retained of staff who participated and any learning outcomes. The manager and senior staff are nominated fire officers and received training for that role on 26 September 2017. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Three completed questionnaires were returned to RQIA from residents and resident's representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents and staff included:

- "I had a fall and have now moved to a downstairs room where I feel safer" (resident)
- "We just have to help folk to get their confidence back especially if they are here following a fracture. You just encourage every day and assure them that they are safe and we are there to look after them and help them" (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

One area for improvement will be stated for the second time in relation to the replacement of a lounge carpet.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

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

Care records 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. Care needs assessment and risk assessments (e.g. manual handling, nutrition and 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. This was particularly relevant for the residents in the home for a time limited programme of care. There were agreed goals between the home, the resident and the multi-disciplinary team. The inspector observed a weekly conference call between the manager, physio therapist, occupational therapist in the home and the scheme co coordinator in the community. This was good way share information on the progress of residents and to jointly plan for their discharge back to the community.

Care records were signed by the resident and/or their representative where possible. Discussion with staff confirmed that a person centred approach underpinned practice. Staff described the team as committed to promoting independence and skills which would enable (temporary) residents to return home. Staff were especially knowledgeable of the needs and preferences of the six permanent residents.

The trust has taken a decision that there are no further permanent admissions to the home. Staff stated that the ethos of the home has changed given the nature of short stay rehabilitative needs of new admissions. Staff stated that, at times the home was very busy with a continual run of discharges and admissions. Staff were very satisfied that the care for all residents was of a good standard and reported that they got much job satisfaction from seeing residents improve as a direct result of the care they receive in The Roddens.

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 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. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment, catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The 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 manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

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. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

It was noted that there was just one shower for the use of all residents. On the day of the inspection 24 residents were accommodated in the home. There are two additional bathrooms available (with baths only) but the inspector was informed by staff that most residents prefer to shower. This means that at times there is a list of residents waiting for their preferred method of personal hygiene. The manager advised that the matter had first been discussed in November 2016 and funding for a second shower had been agreed. The delay in actioning this matter is unacceptable and has been raised as an area of improvement.

Three completed questionnaires were returned to RQIA from residents and residents’ representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents and staff included:

- “The rehab beds is a great scheme you can really see how a week or two in here is effective in getting people back to their own homes” (staff)
- “The staff are fabulous every one of them and they have a good boss” (resident)

Areas of good practice

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

Areas for improvement

One area of improvement was identified in regard to the provision of a second shower for residents.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 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.

The manager confirmed that staff in the home 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 staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. The home now has a defibrillator and all senior staff have attended a three day training course on its use.

Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. Pain management assessments were in place within the care files. These included triggers to recognise pain, medication and outcome of treatment.

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

The 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 staff, residents and observation 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.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Two senior care assistants have undertaken training as Dementia Champion. The information from the training is then cascaded to care staff.

Three completed questionnaires were returned to RQIA from service users and relatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents included:

- "I just push this button a staff member is here as fast as a hare"
- "The staff here really care about us I think"

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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

The manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

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 a leaflet "How to make a complaint." Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

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. A review 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.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

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 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 residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

The manager has devised an information booklet which was given to each resident who was returning home after a temporary period of care in the home. The booklet named "Making the most of your community" was a comprehensive document of contact details of professionals in the community, home and personal safety tips etc. This meant that residents who were returning to live alone were not isolated and had details of who and how to contact if they required help or advice. This is commendable practice.

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 manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The 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 governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

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 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 manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

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

Three completed questionnaires were returned to RQIA from service users and relatives. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Philip Dawson, 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 provider 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	
Area for improvement 1 Ref: Regulation 27 (2)(b) Stated: Second time To be completed by: 15 December 2017	The registered person shall ensure that the carpet is replaced in the identified lounge. Ref: 6.4 Response by registered person detailing the actions taken: Contractor had contacted me on 17.11.17 and this work will be scheduled within the next few weeks.
Area for improvement 2 Ref: Regulation 12 (1) (a) Stated: First time To be completed by: 15 December 2017	The registered person shall ensure that a second shower for residents' use is fitted. Ref: 6.5 Response by registered person detailing the actions taken: The Minor Works Request was sent on 12.04.17 and has been costed, awaiting approval.

Please ensure this document is completed in full and returned via Web Portal



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

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews