

Unannounced Care Inspection Report 8 December 2020



The Roddens

Type of Service: Residential Care Home (RCH)

**Address: 22 Queen Street, Newal Road,
Ballymoney BT53 6JB**

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Inspector: John McAuley

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 residential care home registered to provide care for up to 29 residents.

3.0 Service details

Organisation/Registered Provider: Northern Health and Social Care Trust (NHSCT)	Registered Manager and date registered: Philip Dawson – 27 November 2017
Responsible Individual(s): Jennifer Welsh (Acting)	
Person in charge at the time of inspection: Philip Dawson	Number of registered places: 29 The home is approved to provide care on a day basis only to 1 person. 1 named resident in category RC-PH.
Categories of care: Residential Care (RC) I – Old age not falling within any other category.	Number of residents accommodated in the residential home on the day of this inspection: 7

4.0 Inspection summary

This unannounced inspection took place on 8 December 2020 from 10.00 to 13.40 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- Staffing
- Safeguarding
- Environment
- Infection Prevention and Control (IPC)
- Care delivery
- Care records
- Fire safety
- Governance and management.

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	1

Areas for improvement and 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with seven residents and six staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. The inspector provided 'Tell Us cards' which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No responses were received from these questionnaires in time for inclusion to this report.

The following records were examined during the inspection:

- staff duty rota
- professional registration records
- agency staff members' induction records
- IPC documentation and audits
- residents' care records
- fire safety risk assessment
- fire safety records
- Regulation 29 report
- quality assurance audits
- accident and incident reports
- staff training records.

The findings of the inspection were provided to Philip Dawson, manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 24 October 2019.

There were no areas for improvement identified as a result of this inspection.

6.2 Inspection findings

6.2.1 Staffing

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. A competency and capability assessment was in place for any member of staff who has the responsibility of being in charge of the home in the absence of the manager. Added to the home's staffing compliment there was multi-disciplinary on-site support providing rehabilitation care, such as with occupational therapy and community nursing.

Inspection of professional registration records for staff confirmed that all staff had up-to-date registration with the Northern Ireland Social Care Council (NISCC).

The home employs regular agency staff to help ensure a consistent approach to care delivery and provide staff who have knowledge and understanding of residents' care needs. Agency staff receive an induction and the home receives verification of the agency staff member's identification, registration details and training on appointment to the home for duty. Inspection of these records found these to be appropriately in place.

Staff spoke positively about their roles and duties, staffing, teamwork, training, managerial support and morale. Staff stated that residents received a good standard of care and were treated with respect and dignity.

Care duties were attended to in an unhurried organised manner with evidence of effective teamwork. Staff demonstrated good knowledge and understanding of residents' needs and preferences.

6.2.2 Safeguarding residents from harm

Discussions with staff confirmed that they had knowledge and understanding of the safeguarding policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

6.2.3 Environment

The home was clean and tidy throughout with a good standard of décor and furnishings. Residents' bedrooms were comfortable and tastefully furnished. Communal areas were comfortable and nicely furnished. Bathrooms and toilets were clean and hygienic.

The grounds of the home were suitably maintained.

6.2.4 Infection prevention and control

Good protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. There was also good documentation in place pertaining to the management of the COVID-19 pandemic, which was regularly up-dated and disseminated to staff.

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance relating to hand hygiene and the use of Personal Protective Equipment (PPE). Staff were observed to wash their hands and use alcohol gels at appropriate times.

Signage was on display which provided advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

6.2.5 Care delivery

Residents were well groomed and nicely dressed with attention to detail. Staff interactions with residents were supportive, kind, friendly and attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff.

The atmosphere in the home was peaceful with a nice therapeutic milieu. Residents spoke with praise and gratitude for the care, the kindness and support from staff and the provision of meals. Some of the comments made included statements such as;

- “It’s very good here. You won’t find anything wrong at all.”
- “The staff are so very good to us. I can’t praise it enough.”
- “They’re brilliant here. I have no worries. I know all the staff and I like every one of them.”
- “This is a very good place. I feel much better for coming here. The staff couldn’t do enough for you.”
- “I have no complaints about this place. Everything is very good and so is the food.”

A visiting healthcare professional also expressed praise and confidence with the care provided for in the home and the professionalism of staff.

6.2.6 Care records

A sample of two residents’ care records was inspected. These records were maintained in a methodical, secure and tidy manner. Care plans were up-to-date and based upon a range of holistic assessment tools. Care interventions were described within the care plans in a person centred, clear and realistic manner; the efficacy of staff interventions were also documented. Care review records were also detailed and up-to-date. Evidence was in place to confirm consultation with each resident or their representative. There was also evidence indicating that staff sought the support and intervention of the wider multi-disciplinary team, as needed.

Progress records were well written in an informative manner. Statements of assessed need had corresponding statements of care or treatment given with effect of same.

6.2.7 Fire safety

The home's most recent fire safety assessment was dated 7 July 2020. There were five recommendations made within the assessment which all had corresponding evidence recorded of actions taken.

Fire safety training was in place for all staff and fire safety drills had been maintained on a regular and up-to-date basis, as were fire safety checks throughout the environment.

6.2.8 Governance and management

The home has a defined management structure. The manager was knowledgeable of his role and responsibilities and had good understanding of residents' needs.

There was one identified resident who was not within the home's registered category of care. A variation of category of care needs to be submitted retrospectively for this. An area of improvement was made in respect of this.

Inspection of the previous Regulation 29 monthly report found this to be well maintained and demonstrated some examples of robust governance.

Staff training records were well maintained and gave good oversight of training received. The records contained evidence that mandatory training for staff and areas of additional training were being maintained. However, there were deficit in respect of all care staff not having received Deprivation Of Liberty (DoLs) training Level 2. An area of improvement has been identified to address this deficit.

The accident and incident reports from 1 July 2020 to the date of this inspection were inspected. These reports were found to have been managed appropriately and reported to the relevant stakeholders.

Quality assurances audits pertaining to the NISCC registration of staff, the environment, IPC, staff training, and accidents and incidents were robustly completed with corresponding action plans in place for any issues identified.

Areas of good practice

Areas of good practice were found in relation to staffing arrangements, staff teamwork, and feedback from residents' representatives, multi-disciplinary working and the relaxed ambience and atmosphere of the home.

Areas for improvement

Two areas for improvement were identified during the inspection. These were in relation to retrospectively submitting a variation of category of care and DoLs Training for all care staff.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3 Conclusion

Residents appeared well cared for, relaxed, and at ease in their environment and during interactions with staff. There was a relaxed ambience and care was delivered in a person centred manner. Staff on duty had a good knowledge and understanding of residents' care needs.

The two areas of improvement identified at this inspection received good assurances from the manager that these would be duly acted on.

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 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

<p>Area for improvement 1</p> <p>Ref: Regulation 15(1)(e)</p> <p>Stated: First time</p> <p>To be completed by: 15 December 2020</p>	<p>The registered person shall submit a variation of category of care for approval for the identified resident.</p> <p>Ref: 6.2.8</p>
	<p>Response by registered person detailing the actions taken: Variation of Category of Care submitted via the RQIA Portal on 10.12.2020, payment forwarded through eProcurement, Requisition number R2170519 on 10.12.2020</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 8 January 2021</p>	<p>The registered person shall ensure all care staff are in receipt of Deprivation of Liberty (DOLs) training Level 2.</p> <p>Ref: 6.2.8</p>
	<p>Response by registered person detailing the actions taken: All care staff including Bank Care staff, Domestic, Catering and Laundry have now completed Level 2 Deprivation of Liberty Training Level 2.</p>



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