

Unannounced Care Inspection Report

18 April 2016



The Roddens

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Inspector: Ruth Greer

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of The Roddens residential care home took place on 18 April 2016 from 10.15 to 15.30.

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?

Findings as a result of this inspection evidenced that the care provided in The Roddens is safe.

Is care effective?

Findings as a result of this inspection evidenced that the care provided in The Roddens is effective.

Is care compassionate?

Findings as a result of this inspection evidenced that the care provided in The Roddens is compassionate.

Is the service well led?

Findings as a result of this inspection evidenced that The Roddens is well led.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the QIP within this report were discussed with Shani Steenson, 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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

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: Shani Steenson	Date manager registered: 18 August 2014
Categories of care: I - Old age not falling within any other category	Number of registered places: 29
Weekly tariffs at time of inspection: £460	Number of residents accommodated at the time of inspection: 15 - 7 of whom were permanent residents 8 of whom were temporary

3.0 Methods/processes

Prior to inspection the following records were analysed:

- the previous inspection report
- notifications of accidents/incidents received at RQIA since the previous inspection.

During the inspection the inspector met with eight residents, three care staff, one domestic and one catering staff, and one resident's visitor/representative.

The following records were examined during the inspection:

- Care files (four)
- Staff training records.
- Monthly monitoring reports
- Staff rotas
- Accidents and incidents
- Complaints
- Staff induction
- Statement of purpose
- Residents' guide
- Annual quality review report
- Minutes of residents' meetings
- Minutes of care staff meetings
- Policy on infection control
- Policy on safeguarding vulnerable adults
- Policy on infection prevention and control
- Policy on risk assessment

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 27 October 2015

The most recent inspection of home was an unannounced care inspection. There were no requirements or recommendations made as a result of the last care inspection

4.2 Review of requirements and recommendations from the last care inspection dated 27 October 2015

There were no requirements or recommendations made as a result of the most recent inspection.

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 and staff. The registered manager stated that she had arranged an additional senior staff member on duty on the morning of the inspection as there were several discharges and admissions planned that day. This was reflected in the duty rota.

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

Registered manager x 1
 Senior care assistant x 2
 Care assistant x 4
 Domestic x 2
 Catering x 3.5

A review of 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 and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. However this was in relation to the management of medicines. A recommendation has been made that the competency assessment should include all areas delegated to senior staff in the absence of the manager.

The Roddens is a home provided by the Northern Health Trust. Staff recruitment is undertaken by the Human Resource Department of the trust.

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.

Enhanced AccessNI disclosures were confirmed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body. Staff in the home are either registered with the Northern Ireland Social Care Council or the Nursing Midwifery Council.

The adult safeguarding policies and procedures in place were consistent with current regional guidance. The policy provided 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 new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) 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 to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for staff. The home maintains a training matrix schedule. This was not up to date and a recommendation has been made accordingly.

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.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges and bathrooms. The permanent residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. Discussion with a domestic assistant confirmed that daily work schedules were in place.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were 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 members established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of 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.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home. There were information notices and leaflets available on IPC in a range of formats for residents, their representatives and staff.

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 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.

A review of 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 registered manager confirmed that no areas of restrictive practice were employed within the home. On the day of the inspection no obvious restrictive practices were observed to be in use.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered 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.

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. 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 the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated, 19 May 2015, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed, most recently, on 14 April 2016 and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

Areas for improvement

Two recommendations were made in relation to the maintenance of the training matrix and the development of competence and capability assessments for staff left in charge of the home in the absence of the manager.

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

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

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily statements of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs.

The registered manager confirmed that records were stored safely and securely in line with data protection.

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. Audits of care plans, accidents and incidents, and complaints were available for inspection and evidenced that actions identified for improvement were incorporated into practice. The home is subject to annual audits from the trust in relation to estates and domestic services. A report of the audit most recently undertaken on 3 June 2015 evidenced that the home's procedures in relation to infection prevention and control, environmental issues and general cleanliness were inspected, monitored and recommendations made. The registered manager confirmed that an action plan had been drawn up in response to the findings of the audit and that all recommendations had been addressed.

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.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

A review 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 residents meetings were available for inspection. Most recently a residents' meeting took place on 25 January 2016 and 11 April 2016. Minutes showed that staff practice and adherence to good practice standards were audited as part of the meetings which were chaired by a senior staff member.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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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.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

The registered manager, residents and representatives confirmed that consent was sought in relation to care and treatment. Residents' comments and observation of interactions demonstrated 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 and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. One resident told the inspector that he had had three dogs when he lived at home. The resident was looking forward to the Pets Therapy session in the afternoon of the inspection when a volunteer and her dog visited the home. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. 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.

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.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The most recent was produced in July 2015 and the information collected had been collated by the Governance and Effectiveness department of the Trust who produced a summary report which was made available for residents and other interested parties.

Residents confirmed that their views and opinions were taken into account in all matters affecting them. A selection of comments made to the inspector are recorded below –

"I would stay for good if they let me" (resident in the home for respite care)

"It's like a five star hotel"

"They (staff) should go to the hospital and teach them how to care"

"This is a lovely, lovely place"

"You ask – you get anything you want"

The comments within the satisfaction questionnaires returned to RQIA further evidenced that compassionate care was delivered within the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

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. 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 should changes occur.

The home had a complaints policy and procedure in place. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. One complaint had been received within the last year. The record of the complaint 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.

The registered manager confirmed the home had 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 monthly audit of accidents and incidents was undertaken by the manager. The home is part of a trust wide "Falls Prevention" initiative. The Trust employs a falls prevention co coordinator and any falls in the home are reported to the coordinator who monitors, audits and recommends any further action where necessary. Six senior staff attended a falls prevention training session on 6 November 2015.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the registered 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.

Monthly monitoring visits were undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. A review of the reports for 2016 confirmed that reports were produced for January, February and April. No monthly monitoring report was available for March. The registered manager stated that the line manager had been unable to undertake her monthly audit in March. A recommendation had been made accordingly.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. One staff member stated that she had worked in several establishments in the past. The staff member confirmed that the home is well managed and that the manager is approachable. A staff member stated "if I had a relative who required residential care I would admit them here in a heartbeat." Staff stated that they were well supported with regular training and development. A staff member said that if she had been off for several days she was always given time on her return to read the care notes and an update herself of any changes in residents. 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 the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration was displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff.

The registered manager confirmed and a policy was available that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There was a policy in place for identifying poor performance. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

One recommendation has been made in relation to the completion of the monthly monitoring visits by another person in the event that the designated line manager is unavailable.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Shani Steenson as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 the 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 person/s 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 person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk assessed by the inspector.

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 establishment. 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 establishment.

Quality Improvement Plan

Recommendations

Recommendation 1 Ref: Standard 22.3	The registered person should ensure that the staff training matrix is maintained up to date to ensure ease of auditing staff attendance at mandatory training.
Stated: First time To be completed by: 30 May 2016	Response by registered person detailing the actions taken: The training matrix has now been updated.
Recommendation 2 Ref: Standard 23.4	The competency and capabilities assessment undertaken for persons left in charge of the home should be developed to fully reflect their delegated duties in the absence of the manager. Regulation (20) (3).
Stated: First time To be completed by: 30 May 2016	Response by registered person detailing the actions taken: Competency and capability assessments have been adapted specifically for the unit and are being rolled out through supervision of staff.
Recommendation 3 Ref : Standard 20.11	A person should be identified to undertake the monthly monitoring visits if the line manager is unavailable.
Stated: First time To be completed by: 30 May 2016	Response by registered person detailing the actions taken: The Head of Service or a representative nominated by him will undertake monthly monitoring visits if the area manager is unavailable.



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