

Unannounced Care Inspection Report

18 October 2016



The Roddens

Type of service: Residential care home

Address: 22 Queen Street, Ballymoney

Tel No: 0282766 3520

Inspector: Ruth Greer

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of The Roddens took place on 19 October 2016 from 09:50 to 14:30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

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

No requirements or recommendations were made in relation to this domain.

Is care effective?

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.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

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 and in the provision of food and the meal time experience.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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.

One requirement was made in regard to the monthly monitoring visits of the registered provider.

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	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Philip Dawson, 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 medicines management inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 9 September 2016.

2.0 Service details

Registered organisation/registered person: Northern Health and Social Care Trust	Registered manager: Philip Dawson
Person in charge of the home at the time of inspection: Philip Dawson	Date manager registered: The application for registered manager is currently being finalised by RQIA
Categories of care: I - Old age not falling within any other category	Number of registered places: 29

3.0 Methods/processes

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

During the inspection the inspector met with 15 residents, two care staff, two senior care staff and two catering staff. There were no visiting professionals and no resident's visitors present on the day.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Four resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents ,complaints, environment, catering
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 9 September 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 18 April 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 22.3 Stated: First time To be completed by: 30 May 2016	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.	Met
	Action taken as confirmed during the inspection: The matrix was available and up to date at the time of inspection.	
Recommendation 2 Ref: Standard 23.4 Stated: First time To be completed by: 30 May 2016	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).	Met
	Action taken as confirmed during the inspection: Competencies and capability assessments had been developed and were available and up to date at the time of inspection.	
Recommendation 3 Ref : Standard 20.11 Stated: First time To be completed by: 30 May 2016	A person should be identified to undertake the monthly monitoring visits if the line manager is unavailable.	Partially Met
	Action taken as confirmed during the inspection: The most recent monthly monitoring inspection visit had been undertaken on 11 August 2016. This issue has been re stated as a requirement in line with regulation 29	

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, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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 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; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to satisfactory.

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. Personnel files were not viewed on this occasion.

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 definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and 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 whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered 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 investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed 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 assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission and were reviewed and amended as required. For example, the recommendations from a risk assessment undertaken by a Speech and Language professional had not been acceptable to the resident concerned. A review had been undertaken and a care plan generated which highlighted a degree of risk accepted by the resident which was not in line

with the advice of the professional. The resident's family had been involved in the process. The resident's right to self-determination and choice was evident. This is good person centred care and is commended.

Records are kept of meals eaten by residents and there are systems in place if concerns are highlighted.

Care files showed that there is regular monitoring of residents' weights and, where indicated, the home liaises with Dietitians, GPs and Speech and Language Therapists.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

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 and home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

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

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 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 24 May 2016.

Review of staff training records confirmed that staff completed fire safety training twice annually most recently 6 September 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly / monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff spoken with during the inspection were positive in regard to the health and safety of residents and comments included:

"This is a great home. I have worked in other places and the care here is always provided to a really high standard"

Comments from residents included:

"I live alone and it's lovely to have always someone to call on, I'm never lonely here" (respite resident)

"The food? ---- I'd give it 110 %"

"You just pull the bell and they're (staff) here in a tick"

"I know I'm safe in here"

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

Discussion with the registered manager and observation of practice 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 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. The care plans were seen to reflect personal food choices and preferences.

Care needs assessment and risk assessments 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. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were seen to have been signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice.

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 spoken with and observation of practice evidenced that staff were able to communicate effectively with residents and their representatives. Residents' meetings take place three monthly. The most recent took place on 20 July 2016. Minutes showed that the provision of food and meal times was discussed and feedback sought from residents in regard to their satisfaction with the provision of food. In discussion with the registered manager he stated that food is a standing item on the agenda for all residents meetings.

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.

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The registered 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 was 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. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for management of pain, trigger factors, etc.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Examples on the day were seen in the manner staff interventions with residents were approached and delivered. Discussion with residents and 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. This was evident in the observation of practice throughout the inspection.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. In discussion with catering staff the inspector was informed that they monitor meals times and are on hand to ask and respond to residents' reaction to the food provided. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff and residents confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example when families visit they are offered refreshments. The home organises various events to which relatives are included. A coffee morning was planned for residents and their relatives later in the month and flyers had been prepared to invite visitors. The inspector was informed that a cook has recently won a baking competition and that residents enjoy her home baking on a daily basis. Residents also spoke of how they enjoyed special food for special occasions. For example on their birthdays.

Comments received from residents included:

- “The girls (staff) are that kind, you wouldn’t get better”
- “The only complaint I have is that I’ve eaten too much since coming here, the food is delicious”
- “You can eat as much as you want ,there’s always seconds”
- “I’m going home soon and I know I’ll really miss everyone here they were so good to me”

Comments received from staff included:

“There are always two choices at meal times and if a resident requests anything else it’s no problem I’ll gladly make it for them. I know how important food is to the residents and we always aim to make sure they (residents) get something they enjoy” (catering staff)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

The registered manager outlined the management arrangements and governance systems in place within the home and from the Trust. 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 and procedures were examined in detail at the inspection in May 2016. The manager confirmed that there have been no changes since that date. Policies continue to be 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 the Residents Guide, leaflet etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. 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 is undertaken in line with the Trust’s quality assurance measures. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this, along with the Trust's own guidance on falls prevention/audit to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. The most recent satisfaction questionnaires had been distributed to residents and relatives in April 2016. The comments on the returned questionnaires were all seen to be positive.

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. However it was noted that no monthly monitoring visit had been undertaken since 11 August 2016. A requirement has been included in the quality improvement plan this report.

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 by regular e mails, phone contact and his own supervision sessions.

The registered 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 was displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (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 registered 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.

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

Areas for improvement

One area for improvement was identified in relation to monthly visits by the registered provider.

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

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider 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 provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA Web Portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 29

Stated: second time

To be completed by:
31 October 2016

The registered provider must ensure that monthly monitoring visits are carried out in line with regulation 29.

Response by registered provider detailing the actions taken:
The Head of service or his nominee will carry out visits in the area managers absence

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



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