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**Unannounced Care Inspection  
of  
The Roddens**

**21 April 2015**

## 1. Summary of Inspection

An unannounced care inspection took place on 21 April 2015 from 10:15 to 15:40. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

The details of the QIP within this report were discussed with the Mrs Steenson, Registered Manager as part of the inspection process. The timescales for completion commence from the date of the inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Northern Health and Social Care Trust - Dr A B Stevens	<b>Registered Manager:</b> Mrs Shani Steenson
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Steenson	<b>Date Manager Registered:</b> 31 December 2014
<b>Categories of Care:</b> RC-I	<b>Number of Registered Places:</b> 29
<b>Number of Residents Accommodated on Day of Inspection:</b> 25	<b>Weekly Tariff at Time of Inspection:</b> Trust rates – no additional top up fee

## 3. Inspection Focus

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

**Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish.**

**Theme: Residents Receive Individual Continence Management and Support.**

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

During the inspection we met with 15 residents, one visitor, four care staff and five staff (domestic, catering and administrative). There were no visiting professionals in the home on the day.

The following records were examined:

- Quality improvement plan from previous inspection
- Policy on continence management
- Policy on Death and Dying
- Residents' care files( 5 )
- Accidents/incidents
- Complaints.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the Roddens was an announced estates inspection dated 20 October 2014. The manager confirmed that the completed QIP was returned and approved by the estates inspector.

### 5.2 Review of Requirements and Recommendations from the previous care inspection dated 12 June 2014

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 8 (2) Ref 7	The RQIA should be notified of the appointment of Ms Steenson as manager and an application forwarded for her registration with the Authority.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This requirement has been met. Mrs Steenson is now registered with the RQIA. The registration certificate was appropriately on view in the home to validate compliance.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Regulation 27 (2)(b) Ref 11.6	The carpet identified as a potential risk to safety should be replaced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The carpet has been replaced with an alternative floor covering.	

### 5.3 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

#### Is Care Safe? (Quality of Life)

Residents are able to spend their final days in the home unless there are documented assessed health care needs which prevent this. One resident has died recently in the home. The care plan was kept under continual review and amended as this resident's circumstances changed. The multi-disciplinary team were involved and assessed the resident's continued placement as appropriate and in line with the resident's and family wishes. The care records examined showed that risk assessments were in place for any area identified as an individual risk for example; in regard to mobility, diet and the use of bed rails.

Staff who spoke with us described their role in caring for residents who are dying and die in the home. Staff demonstrated knowledge of how to care for a seriously ill resident and the importance of hydration/diet and pain control. Staff were aware of when to contact the GP and/or nurse and of the importance of keeping families regularly updated on the resident's condition.

#### Is Care Effective? (Quality of Management)

The policy on "End of Life Care for Patients" was inspected and was found to be a Trust generic policy mainly relevant to hospital patients. The home should review the policy to reflect the ethos of the home and provide more specific guidance to the staff in the Roddens.

The manager and senior care assistant were aware of their responsibility to inform the RQIA and GP of any death in the home.

On the death of any resident his/her belongings/valuables are boxed and stored until the Trust cash office confirms the next of kin and/or any legal instructions.

Staff presented as knowledgeable and skilled in the area of providing end of life care. However we made a recommendation in relation to the provision of specialist training which will further enhance their practice and knowledge base.

It was noted that training was provided for staff on Parkinson's disease on the day of this inspection. The manager had organised the training as the home is caring for a person diagnosed with this condition.

The inspection of cards and letters from families commended the staff for the level of care provided to their loved ones when they were resident in the home.

The record of complaints showed that any complaints are taken seriously and are dealt with by the manager.

#### Is Care Compassionate? (Quality of Care)

The staff we interviewed were knowledgeable and their response to questions reflected a person centred approach in respect of the care of a very ill/ dying resident. Staff demonstrated a compassionate approach not only in relation to the resident but to his/her family. Examples given showed that sensitive communication takes place between staff and the ill resident and those identified as important to them.

Relatives and friends can be with residents who are very ill. A comfortable chair is provided in the bedroom for a relative who wishes to remain during the night. A family room is available where families can meet and make coffee/tea.

Spiritual needs are identified and ministers/priests are welcomed at any time.

Our observations of care practice on the day of the inspection showed that it was respectful, timely and compassionate.

Residents who spoke with us confirmed that staff are kind and attentive.

### **Areas for Improvement**

There was evidence that the criteria of this standard are met. Two recommendations have been made which will, when actioned, ensure further improvement.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>2</b>
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## **5.4 Theme: Residents Receive Individual Continence Management and Support**

### **Is Care Safe? (Quality of Life)**

We inspected the care files of several residents whose identified needs included assistance with continence were examined. Details showed that referrals are made to specialist outside professionals as necessary. Within each file there was an assessment and subsequent plan of care on "Bladder/Bowel Continence". The records reflected the preferences of the resident regarding how this area of care was to be managed. The manager confirmed that there was no issue with the provision of continence products for residents' use.

### **Is Care Effective? (Quality of Management)**

The policy in relation to the management of continence was found to be a generic Trust policy issued in 2011. A recommendation was made that the policy should be revised to reflect the issue as specific to the home.

In discussion with the manager and care staff they were able to identify continence issues, the referral system and the importance of continued review and evaluation.

Staff confirmed that there was unrestricted availability of continence products and of protective gloves/aprons for themselves. Staff were aware of the method of disposing of continence products in line with infection control guidance.

There was no malodour in any part of the home at this inspection.

### **Is Care Compassionate? (Quality of Care)**

Staff who spoke with us recognised the potential loss of dignity associated with incontinence. They gave various examples of how they ensure that, as far as possible, the resident's dignity and independence is maintained when assisting with individual continence management.

## Areas for Improvement

There was evidence that there is a good standard of continence management in the home which is person centred, underpinned by informed values and delivered with compassion. One recommendation has been made which will, when actioned ensure further improvement.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
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## 5.5 Additional Areas Examined

### 5.5.1 Residents Views

We spoke with residents individually and in small groups. All responses were positive in regard to the quality of life experienced and the kindness of staff. Selections of residents' comments are as follows:

- "This is a great place, the girls (staff) are just lovely"
- "They (staff) have great patience"
- "It's great to get looked after"
- "I come here all the time, I love it" (resident in the home for a respite period)

### 5.5.2 Staff

On the day of this inspection the following staffing levels were found:

- Manager x 1
- Senior care assistant x 1
- Care assistants – an additional care staff came on duty to accompany a resident to a hospital appointment
- Domestic x 2
- Laundry x 1
- Catering x 4
- Administrative x 1

We consider this as satisfactory to meet the needs and numbers of residents accommodated that day.

We observed staff practice and found to it be friendly and professional. Staff we interviewed demonstrated knowledge of each resident as an individual. Staff stated that they enjoy looking after any resident who is very ill/dying especially if the resident has been in the home for some time.

Comments included:

- "We don't just look after the resident but the relatives as well"
- Staff stated that at times the home can be very busy but that –
- "Residents always get great care here"

### **5.5.3 Fire Safety**

We were advised by the registered manager that fire training was up to date and was planned again for 28 April 2015. Fire alarm systems are checked weekly from a different zone and the outcome recorded.

### **5.5.4 Environment**

We inspected the home's internal environment and found it to be clean and fresh smelling. Residents' bedrooms and communal areas were adequately furnished. Décor in some areas is dated and tired in appearance but remains fit for purpose.



## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs 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.

### 6.1 Statutory Requirements

There are no actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 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](mailto:care.team@rqia.org.uk) and 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 home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 21 <b>Stated:</b> First time  <b>To be Completed by:</b> 30 May 2015	The policy on end of life care should be reviewed and amended to provide specific guidance to staff relating to the care practice in the Roddens.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> Policy reviewed and specific guidance drawn up in relation to The Roddens Home and end of life care.		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 21 <b>Stated:</b> First time  <b>To be Completed by:</b> 30 May 2015	The policy of the management of continence should be reviewed and amended to provide specific guidance to staff relating to the care practice in the Roddens.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> Policy reviewed and specific guidance drawn up in relation to The Roddens Home and continence care		
<b>Recommendation 3</b>  <b>Ref:</b> Standard 14 <b>Stated:</b> First time  <b>To be Completed by:</b> 30 June 2015	The manager should arrange training for staff in regard to death and dying.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> Various organisations contacted to provide training for staff in regard to death and dying.		
<b>Registered Manager Completing QIP</b>	Shani Steenson	<b>Date Completed</b>	29.05.15
<b>Registered Person Approving QIP</b>	Dr Tony Stevens Una Cuning	<b>Date Approved</b>	03.06.15
<b>RQIA Inspector Assessing Response</b>	<b>Ruth Greer</b>	<b>Date Approved</b>	<b>08.06.15</b>

*\*Please ensure the QIP is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**