The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: The Roddens

Provider: Northern Health and Social Care Trust (NHSCT)

Date of Inspection: 16 January 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Northern Health and Social Care Trust (NHSCT)
Responsible Person:	Ms Jennifer Welsh
Registered Manager:	Mr Philip Dawson **Date registered:** 27 November 2017
Service Profile – This home is a registered residential care home which provides health and social care for up to 29 residents with a range of needs. Residents are accommodated over two floors. All residents have access to communal lounges, bathrooms and a large dining room.	

2.0 Inspection summary

An unannounced inspection took place on 16 January 2025, between 10.00 am and 4.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 22 January 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care. Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider and one area for improvement has been stated again. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoken with said that the staff were "very good." Comments included, "they are very good to you here," and "I think it is wonderful, I don't know what I would do without it here."

Residents told us that they were offered choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time. One resident said, "the food is very good here we are always given choices."

Staff said that they enjoyed working in The Roddens, staff said; "it is lovely working here," and "it is a very busy home but there is good support."

Following the inspection, nine completed questionnaires were returned. All respondents confirmed that they were happy with the care provided in The Roddens, comments included; "The care has been excellent, it is like a home from home," and "The staff are fantastic." No responses were received from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. One resident commented, "The staff are more than good to me."

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. A detailed staff allocation sheet was made available for all staff at each shift changeover.

Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff confirmed that a safety pause was carried out prior to each meal to ensure good communication across the team about any changes in residents' needs.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Observation of records confirmed that residents had the opportunity to participate in regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

The weekly programme of social events was made available to all residents in the home and residents confirmed that they were offered the choice of whether they wanted to attend or not. Residents' needs were met through a range of individual and group activities such as chair exercises, bingo, religious services and health and wellbeing sessions.

Staff understood that meaningful activity was not isolated to the planned social events or games. Residents were observed to be enjoying one another's company in the lounge. Residents' were also observed chatting and joking with staff throughout the day. There was a homely atmosphere.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager indicated that there were systems in place to manage residents' nutrition and mealtime experience.

There were enough staff present to support residents with their lunch time meal. The food served smelt and looked appetising and nutritious.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Examination of care records confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. Staff were observed using PPE in accordance with the regional guidance.

Denture cleaning tablets were not securely stored in one identified room. This was discussed with the manager during feedback, an area for improvement was identified for a second time.

Shortfalls were identified in regard to the effective management of potential risk to residents' health and wellbeing; specifically, unnamed toiletries were accessible in a bathroom. This was discussed with the manager, an area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Philip Dawson has been the manager in this home since November 2017.

Residents, relatives and staff commented positively about the manager and described him as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

A record of compliments was kept and shared with staff. Compliments included, “Thank-you for the wonderful care,” and “the staff are friendly, cheerful and helpful.” A compliment from a professional visiting the home referred to the “person centred approach and high quality care.”

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	0

* the total number of areas for improvement includes one regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Philip Dawson, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14 (2) (a) **Stated:** Second time **To be completed by:** 16 January 2025	The registered person shall ensure that all areas of the home to which residents have access are free from hazards to their safety. This is with specific reference to the management of denture cleaning tablets. Ref: 3.3.4
	Response by registered person detailing the actions taken: 1) All bedrooms have been fitted with a locked cupboard to store COSHH items 2) Residents are encouraged on admission to store their items in the allocated cupboard within their bedroom for safety.

	3) From the introduction of Encompass, all care staff have an allocation sheet, this gives accountability for each corridor within the unit, staff are given allocated rooms number to check for items that should be in a locked cupboard. 4) Senior staff complete a check of the bedrooms following their morning medication round, this includes IPC requirements and results recorded in the communication book for auditing.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 16 January 2025	The registered person shall ensure that all areas of the home to which residents have access are free from hazards to their safety. This is stated in reference but not limited to the storage of unnamed toiletries in the communal bathrooms. Ref: 3.3.4
	Response by registered person detailing the actions taken: 1) Staff advised that all toiletries are individual and must be kept in rsidents own bedroom in locked cupboard as provided, during their stay in The Roddens. 2) Storage units in showers rooms are kept locked at all times, keys are now held by staff in either the DSS sitting room and the care staff office, 1st floor 3) New 4 houly auditing book created following the inspection on 16/01/2025, audits of locked cupboards are recorded at 8am, 12pm, 4pm and 8pm and signed by staff on duty.

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

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