The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Ralphs Close**

Provider: **Western Health and Social Care Trust**

Date of Inspection: **5 March 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:	Western Health and Social Care Trust
Responsible Individual:	Mr Neil Guckian
Registered Manager:	Mrs Roisin McDermott
Service Profile This home is a registered residential care home which provides health and social care for up to 16 residents who are living with a learning disability. This home is divided into four units; each accommodating four residents. Accomodation is provided on ground floor level and all residents are accommodated in single bedrooms with ensuite facilities. Residents have access to communal areas and a secure outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 5 March 2025 from 9.50am to 2,20pm, by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to review the previous areas for improvement identified during the care inspection on 12 September 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The home was found to be clean, well maintained and no malodours were identified. Bedrooms were personalised to reflect the residents' interests.

Residents appeared to be content within their environment and positive interactions were observed between the residents and the staff.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care.

Review of the previous quality improvement plan identified that eight out of 10 areas were assessed as met. The remaining two areas were carried forward for review to the next inspection. Full details, including one new area 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

Observations of residents found that they appeared content and settled in their environment and in their interactions with staff. Residents were able to walk around freely and could make their own choices and decisions, where possible.

Staff were found to be to be knowledgeable of residents needs and preferences and they were able to provide support and reassurance to residents, when required. Staff spoken with stated that the care provided to residents was important to them and was of a good standard.

Staff said that the manager was very approachable, that teamwork was good and that they were supported in their role. Staff comments included: "We all get on well and support each other; we know them so well; their habits and likes" "the residents are safe and well cared for" and "the care is person centred and focused on the residents."

3.3 Inspection findings

3.3.1 Staffing Arrangements

Discussion with staff confirmed that there were enough staff on duty in order to meet the needs of the residents. Review of the staff duty rota identified that it accurately reflected the staff on duty and the staffing levels were maintained.

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.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. Staff responded to requirests for assistance in a prompt and caring 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. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff interactions with residents' were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Observations of the staff and residents interactions during activies found staff to be reassuring and compassionate.

Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others. Residents were able to make their own decisions in relation to what time they could get up in the morning; if they wanted to participate in the activity available or spend time privately. Expressions of consent were observed during interactions with staff and residents.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried.

The food was attractively presented and portions were generous and included a choice of meal. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience. There was enough staff supervision in place throughout the serving of the meal.

Activities for residents were provided which included both group and one to one activities. On the day of the inspection a number of the residents were away on a planned outing. Residents were able to choose to participate or not, in the activity. For those residents who preferred not to participate in the planned activity; staff were observed sitting with them and engaging in discussion. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities.

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.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

Systems and processes were in place to manage infection prevention and control which included regular monitoring of the environment and staff practice to ensure compliance.

3.3.4 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Roisin McDermott is the registered manager of this home.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

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 management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

It was noted that there were some accidents and incidents which were not reported to RQIA. This was identified as an area for improvement.

4.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with Regulation.

	Regulations	Standards
Total number of Areas for Improvement	1	2*

* the total number of areas for improvement includes two areas which are carried forward for review at the next inspection.

The one area of improvement and details of the Quality Improvement Plan was discussed with Roisin McDermott, 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 30 **Stated:** First time **To be completed by:** With immediate effect (5 March 2025)	The registered person shall ensure that all accidents and incidents which occur in the home, are reported to RQIA, without delay. Ref: 3.3.4
	Response by registered person detailing the actions taken: Robust measures are implemented to guarantee that all accidents and incidents occurring within the home are reported to the RQIA without delay. This includes incidents involving staff members, with any learning shared among the staff team and Deputy Managers. Internal reports generated through Datix trigger an automatic alert to either the Manager or Deputy Managers, depending on who has been designated as the handler. This alert prompts a verification process to ensure that, if necessary, the RQIA 1a notification has been submitted. Furthermore, monthly Datix reports are compiled by the Manager to support Regulation 29 inspections. An additional step has been introduced to ensure that all required RQIA 1a notifications have been sent.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)	
Area for Improvement 1 **Ref:** Standard 15.5 **Stated:** Second time **To be completed by:** 28 May 2022	The registered person shall ensure that records of residents' furniture and personal possessions are signed and dated by the staff member undertaking the reconciliation and countersigned by a senior member of staff on at least a quarterly basis.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Standard 31 **Stated:** First time **To be completed by:** 8 July 2024	The registered person shall review the management of medicines for distressed reactions to ensure the reason for and outcome of each administration is recorded.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

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

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