

# Inspection Report

12 September 2024



## Ralph's Close

Type of service: Residential Care Home  
Address: Gransha Park, Clooney Road, Londonderry, BT47 6TF  
Telephone number: 028 7186 4332/028 7183 4322

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Western Health and Social Care Trust	<b>Registered Manager:</b> Mrs Roisin McDermott
<b>Responsible Individual:</b> Mr Neil Guckian	<b>Date registered:</b> 8 February 2024
<b>Person in charge at the time of inspection:</b> Mrs Roisin McDermott	<b>Number of registered places:</b> 16
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 15
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered residential care home which provides care for up to 16 residents with a learning disability. The home is divided into four bungalows. Each bungalow accommodates up to four residents with individual bedrooms and en-suites. Residents have access to communal lounges, a dining room and an outdoor area.	

## 2.0 Inspection summary

An unannounced inspection took place on 12 September 2024 from 09.55am to 6.40pm by a care inspector.

The inspection assessed progress in the home 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.

The staff in the home were found to be welcoming and knowledgeable in relation to the needs of the residents. Residents were observed to be comfortable in their environment and in their interactions with staff. Residents were offered choices throughout the day and any support required was readily available from staff.

Eight new areas of improvement were identified during this inspection and two areas were carried forward for review to the next inspection.

RQIA were assured that the delivery of care and service provided in Ralphs Close was safe, effective, compassionate and that the home was well led. Addressing these areas for improvement will further enhance the safety of care in the home.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 quality improvement plan, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

### 4.0 What people told us about the service

Residents 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. Compassionate interactions were observed between staff and the residents.

Staff were found 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. One staff member said: "We all work well together; morale is good and we all understand what needs to be done."

A small number of staff raised some concerns about the staffing arrangements and the staff morale in the home. These comments were shared with the manager who was aware of these matters.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 8 July 2024.		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 15.5  <b>Stated:</b> Second time	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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time	The registered person shall ensure that falls care plans and risk assessments are reviewed following a fall in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time	The registered person shall ensure that all care plans are subject to regular review and signed off as completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 29.1	The registered person shall ensure that any actions outlined within the fire safety risk assessment as signed off as addressed, when completed.	<b>Met</b>

<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (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.  <b>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.</b>	<b>Carried forward to the next inspection</b>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Recruitment of staff is managed by the trust human resource department. There was evidence that a system was in place to ensure staff were recruited correctly and the manager reported that she has access to all records in relation to recruitment. Discussions with the manager confirmed knowledge of safe recruitment practices and advice was given to ensure that there is more robust managerial oversight of this process. This will be reviewed at the next inspection.

Appropriate checks had been made to ensure that care workers were appropriately registered with the Northern Ireland Social Care Council (NISCC).

Arrangements were in place to ensure that staff appraisals and supervision were completed. There were systems in place to ensure staff were trained and supported to do their job.

Any person who has responsibility of being in charge of the home in the absence of the Manager needs to have a completed competency and capability assessment in place. A review of these records identified that these were not completed for all staff. This was identified as an area for improvement.

The staff duty rota accurately reflected the staff working in the home on a daily basis. However, the duty rota did not consistently identify the person in charge when the Manager was not on duty. This was identified as an area for improvement.

Discussions with staff confirmed that they were knowledgeable to specific details about the care of the residents. Staff advised that the residents' needs and wishes were very important to them. It was observed that staff were able to understand and interpret any individual behaviours as to their meaning and responded to requests for assistance promptly in a caring and compassionate manner.

All staff commented that the residents were safe and well cared for in the home. Staff said that generally there was good team work. Some staff stated that staff morale was low and that they were unhappy with the staffing arrangements in the home, at times. This was mainly due to unplanned leave and staff annual leave during the summer period. There was no adverse impact to residents observed during the inspection. This was discussed with the Manager who confirmed that safe staffing levels are always maintained and that staff recruitment was ongoing.

### 5.2.2 Care Delivery and Record Keeping

Staff interactions with residents was observed to be friendly, supportive and polite. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering and discretion when assisting in personal care. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. Staff showed understanding and sensitivity to residents' needs.

Care records were held confidentially. Care records were organised, person centred and reflected the needs of the residents.

Residents' needs were assessed 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The food was well presented and included a choice of meal. There was a variety of drinks available. During the dining experience, staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. During the mealtime staff were observed to be wearing the correct PPE and to adhere to the correct food hygiene and infection control guidelines.

Records of residents weights were reviewed. It was noted that residents' weights were not consistently checked at least monthly so as to monitor weight loss or gain. This was identified as an area for improvement.

Residents who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphasia.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed.

Detailed daily progress records were kept of how each resident spent their day and the care and support provided by staff. Issues of assessed need were followed up with a recorded statement of care provided.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was generally clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items important to the resident. Communal areas were suitably furnished and comfortable. It was noted that the flooring in a number of the communal areas was significantly marked. Discussion with the manager confirmed that this is scheduled for replacement in the coming weeks.

It was observed that residents were able to move around the home around freely and, in addition to their bedrooms had access to communal lounges and dining areas. Residents could choose where to sit and how to spend their time.

Bathrooms and toilets were clean and hygienic. However, the communal bathrooms contained inappropriate storage such as residents' equipment, personal clothing and towels. Furthermore, Personal Protective Equipment (PPE) stations were not fully stocked. This was identified as an area for improvement.

On arrival to the inspection it was observed a fire door propped open. This was addressed by the manager. Despite this, this specific fire door continued to be propped open throughout the inspection rendering this ineffective in the event of a fire. It was also noted that the fire door in the kitchen was unable to close fully and a fire exit door was obstructed. This was identified as an area for improvement.

Review of the most recent fire safety risk assessment confirmed that this was completed on 28 May 2024. Any recommendations made as a result of this assessment were signed off, as addressed.

Review of fire safety records identified that not all staff had participated in an annual fire drill. This was identified as an area for improvement.

It was observed that rooms with staff food/belongings, kettles and microwaves were found to be unlocked and accessible to residents; creating a potential risk of harm. This was identified as an area for improvement.

In general, some areas required attention to ensure the cleanliness and fitness of the environment. These included one wardrobe which required to be secured to the wall and a number of areas in the home where the paintwork needed to be repaired. This was identified as an area for improvement.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

### 5.2.4 Quality of Life for Residents

The atmosphere in the home was welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Residents were observed to be able to choose how they spent their day. For example, residents could have a lie in, they could return to bed after breakfast or stay up late to watch TV.

It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear, food and drink options.

Staff were observed sitting with residents and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities. The genre of music and television channels played were in keeping with residents' age group and tastes. Some residents were supported on a bus outing while others went out for a walk, accompanied by staff.

### **5.2.5 Management and Governance Arrangements**

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

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff said that the manager was always accessible.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. There was an appointed safeguarding champion in place for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to the residents' next of kin, their aligned named worker and RQIA.

Review of the record of complaints and discussions with the manager confirmed that expressions of dissatisfaction were taken seriously and would be managed appropriately.

There was a range of audits and quality assurance in place. These audits included; hand hygiene, care records and the environment.

The home is required to be visited each month by the responsible individual or a representative on their behalf and prepare a report on the detail of the visit. A review of these reports identified that these were not completed on a monthly basis. This was identified as an area for improvement.

### **6.0 Quality Improvement Plan/Areas for Improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4	6*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Roisin Mc Dermott, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (12 September 2024)</p>	<p>The registered person shall ensure that competency and capability assessments are completed for all staff who are in charge of the home in the absence of the manager.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> During the inspection, one competency was noted as absent from the competency file. This was rectified later that evening, on September 12, 2024. The manager has incorporated an audit of this file as a recurring agenda item for the Ralph's Close Manager's Meeting, which occurs monthly, to ensure comprehensive oversight of this process.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (4) (b) and (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (12 September 2024)</p>	<p>The registered person shall ensure that the following fire safety matters are addressed:</p> <ul style="list-style-type: none"> <li>• all fire doors should be fully closing</li> <li>• fire doors are not propped open</li> <li>• all fire exits are free from obstruction</li> </ul> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Following the inspection, this issue was addressed with the staff team and formally discussed again at the Band 5 meeting on September 19, 2024. Management emphasised to the Band 5 staff their responsibility to comply with fire safety regulations, which includes ensuring that fire doors remain closed at all times. Additionally, this requirement has been included in the Daily Environmental Audit which is conducted by the manager or deputies in her absence. The manager can confirm that this matter has been resolved</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (12 September 2024)</p>	<p>The registered person shall ensure that all potential risks to residents are minimised. This relates specifically to the access to staff areas, staff belongings, kettles and microwaves.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> This topic was revisited with the staff after the inspection and once more during the Band 5 meeting on September 19, 2024. Management reiterated to the Band 5 staff their obligation to minimise all potential risks to residents, including the necessity of locking staff rooms when not in use. This has also been added to the Daily Environmental Audit which is completed by the manager or deputies in her absence. The manager confirms that this issue has been addressed..</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (12 September 2024)</p>	<p>The registered person shall ensure that the visits as required under this regulation are completed on a monthly basis.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> A Regulation 29 visit was carried out on 16<sup>th</sup> September 2024 (to cover period from 1<sup>st</sup> August 2024 - 15<sup>th</sup> September 2024), and again on 23<sup>rd</sup> October 2024. The manager will ensure that these visits continue to occur monthly.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b></p>	
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 15.5</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 28 May 2022</p>	<p>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.</p> <p><b>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.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 July 2024</p>	<p>The registered person shall review the management of medicines for distressed reactions to ensure the reason for and outcome of each administration is recorded.</p> <p><b>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.</b></p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 25.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (12 September 2024)</p>	<p>The registered person shall ensure that the person in charge of the home in the absence of the manager is clearly indicated on the duty rota.</p> <p>Ref: 5.2.1</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 9.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (12 September 2024)</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The issue of clearly indicating the person in charge of the home was discussed with staff responsible for completing the Ralph's Close off-duty roster. We will ensure that the individual in charge of the home in the manager's absence is clearly indicated on the duty rota (highlighted in green) at all times. The rota is sent to the manager for review before being shared with the staff team.</p> <p>The registered person shall ensure that all residents are weighed on a monthly basis.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Staff members are aware of the requirement to record residents' weights on a monthly basis, as reiterated at the Band 5 meeting on September 19, 2024. All weights are now current. A reminder to complete this task has been added to the house diaries, with instructions to forward the records monthly once completed. A peer review of one care file will be conducted each Wednesday, and will include a check to ensure that the weight chart is up to date, ensuring each care file is reviewed monthly. This check has also been incorporated into the Managerial Audit of Care files completed by the Deputy Managers.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 35.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (12 September 2024)</p>	<p>The registered person shall ensure that the following infection prevention and control issues are addressed:</p> <ul style="list-style-type: none"> <li>• PPE Stations are fully stocked</li> <li>• Inappropriate storage of equipment, residents clothing and towels in communal bathrooms</li> </ul> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The manager has reminded Band 5 staff of the need to maintain fully stocked PPE stations, which was also discussed formally at the Band 5 meeting on September 19, 2024. PPE stations are now checked daily by Band 5 staff as part of their</p>

	<p>morning routine. This check has been added to the Daily Environmental Managerial Audit, conducted by the manager or deputies in her absence.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 29.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2024</p>	<p>The registered person shall ensure that all staff participate in an annual fire drill.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>All staff have participated in a Fire Drill Walkthrough within the past 12 months. The manager has compiled the dates for each staff member and will monitor compliance monthly. This check has been included in the manager's monthly planner and also noted in the Band 6 diary to account for the manager's absence.</p>

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