



The Regulation and
Quality Improvement
Authority

Ralph's Close
RQIA ID: 11123
Gransha Park
Clooney Road
Londonderry
BT47 6TF

Inspector: Laura O'Hanlon
Inspection ID: IN022236

Tel: 028 7186 4332
Email: desy.carton@westerntrust.hscni.net

**Unannounced Care Inspection
of
Ralph's Close**

12 January 2016



The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 12 January 2016 from 10.30 to 17.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care in relation to the standard and theme we inspected; which were assessed as being met.

An area for improvement was identified and is set out in the Quality Improvement Plan (QIP) appended to this report. One recommendation was made to create opportunities to record the wishes of the resident regarding specific arrangements at the time of their death.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS 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

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
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with Sheree Kerr, deputy manager. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Western Health and Social Care Trust	Registered Manager: Desy Carton (acting)
Person in charge of the home at the time of inspection: Sheree Kerr, deputy manager	Date manager registered: Acting manager
Categories of care: RC-LD	Number of registered places: 16
Number of residents accommodated on day of inspection: 16	Weekly tariff at time of inspection: £470.00

3. Inspection focus

- The inspection sought to assess progress with issues raised 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.

RQIA were contacted by a whistle-blower on 9 December 2015 to report the following concerns.

- Residents were continually being taken out for 'takeaways' and the monies for this was taken from the residents own accounts.
- As a result of this pattern in the home the caller advised that one resident had gained three pounds despite recommendations from a dietician.
- One resident had no shampoo and there were no toilet paper or handtowels.

- These issues were discussed with the acting manager and deputy manager as part of this inspection. This is detailed within the report.

4. Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and the notification of accidents and incidents.

We met with 15 residents, two visiting professionals, three members of the care staff, the deputy manager and the acting manager.

We inspected the following records: three care records, accident /incident reports, fire safety records, complaints/compliments records and policies and procedures available relating to continence management and death and dying.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced estates inspection dated 19 August 2015. The completed QIP was returned and was approved by the estates inspector.

5.2 Review of requirements and recommendations from the last care inspection dated 22 July 2015

No requirements or recommendations were made at the last care inspection.

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The deputy manager confirmed that residents can spend their final days in the home unless there are documented health care needs to prevent this. In our discussion with the deputy manager it was reported to us that this is an area of care which the home had not experienced in recent times. The deputy manager advised us that many years ago a resident had passed away in the home and a wake was also convened at the home.

The home had a spiritual ethos. Spiritual emblems were observed within the residents' bedrooms. The deputy manager advised us that residents were encouraged to attend local church services and local clergy visit the home on a planned basis.

In our discussions with the deputy manager and staff we confirmed that arrangements can be put in place so that spiritual care can be made available for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying would be enabled to do so if the resident wishes.

The deputy manager confirmed to us that following a death, the body of the deceased resident would be handled with dignity and respect and in accordance with his or her expressed social, cultural and religious preferences.

We noted that within the home's protocol, when a death of a resident occurs, the resident's next of kin or family deal with the deceased resident's belongings. This is attended to, at a sensitive and convenient time after the death of the resident.

Is care effective? (Quality of management)

We noted that the home had a written protocol in place for dealing with the event of a resident dying.

The deputy manager and staff confirmed to us that the district nursing service attached to the home would lead in the management of palliative care.

The deputy manager confirmed that discussion had taken place with the Trust in regard to facilitating training in the area of death and dying.

A recommendation was made to create opportunities to discuss and record the wishes of residents and any other specific arrangements at the time of death.

Is care compassionate? (Quality of care)

In our discussions with staff they demonstrated to us that they had knowledge and understanding in this area of care.

The deputy manager shared with us a recent experience of the death of one resident's close relative. The deputy manager explained how the resident was informed in a sensitive manner and supported by staff to attend the wake and funeral. Some of the other residents also attended the funeral. This was noted within care records.

One staff member advised us that she plans to involve this resident to create a mural for his bedroom in the form of a family tree. This practice is to be commended.

Areas for improvement

One recommendation was made to create opportunities to discuss and record the wishes of residents and any other specific arrangements at the time of death.

Number of requirements:	0	Number of recommendations:	1
--------------------------------	----------	-----------------------------------	----------

Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

We reviewed three care records. We found that a needs assessment was completed and that care plans were in place. These were reviewed regularly to reflect the changing needs of the resident. A specific care plan was in place for those with continence needs. Care plans were appropriately signed.

We spoke with the deputy manager and staff members. They were able to describe the system of referral to community district nursing services for specialist continence assessment.

In our discussions with staff, we found that they were able to demonstrate knowledge in the area of continence care.

From our discreet observations, discussion with staff and review of care records we identified no mismanagement in this area of care such as malodours or breakdown of skin integrity.

We found adequate provision of continence products, laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were available.

Is care effective? (Quality of management)

We found that the home had a local policy in place on continence promotion.

Staff were able to verify to us that any issues of assessed need were reported to the district nursing services for advice and guidance.

Is care compassionate? (Quality of care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. From our observation of residents, we confirmed that staff provide assistance with continence care in a sensitive and caring manner.

Areas for improvement

There were no areas of improvement identified with the theme inspected. Overall, this theme was assessed as being met.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.4 Additional areas examined

i.4.1 Residents' views

We met with 15 residents. We observed residents relaxing in the communal lounge area. The hairdresser was present in the home during the inspection. Residents were well dressed.

Due to the levels of dependencies none of the residents could articulate their views about the home. The residents did appear to be comfortable, content and at ease in their environment and interactions with staff. We observed the residents being provided with a nutritious meal at lunchtime.

5.4.2 Views of visiting professionals

We met with two independent advocates. They commented on the good standard of care provided in the home. They reflected on the stability of the staff group in the home. They shared a recent positive experience of residents being supported by staff to attend a football game.

i.4.3 Staff views

We spoke with three members of care staff and the deputy manager. The acting manager was available for a short time at the beginning of the inspection.

Staff advised us that they felt supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents. The staff reflected a sound value base and were focused on achieving the best outcome for the residents.

The staff stated that they felt supported by the management and advised that they were approachable. The staff explained how the residents were offered choices on a daily basis. The staff advised us that if a resident has a particular interest for example in music, outings would be arranged to facilitate this.

i.4.1 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be comfortable, homely and personalised. Décor and furnishings were found to be of a good standard. Spiritual emblems were noted within residents' bedrooms.

We found residents to have an adequate supply of personal toiletries including shampoo. Bathrooms and ensuites contained a good supply of toilet paper, handtowels, gloves and aprons.

i.4.5 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. Residents were well dressed with good attention to personal detail noted.

We spoke with the acting manager and deputy manager in regard to the provision of take away foods. The acting manager confirmed that the residents are often taken out for food from the home. This is often to a hotel or restaurant for a nutritious meal. A review of the daily notes reflected this.

This choice of venue is decided by the resident. In this instance the resident's money is used to pay for their meal. Take away food is provided by the home on a planned basis. The acting manager also confirmed that the home is currently working with the Trust dietetics department to devise a policy in regard to residents' choices.

In regard to the resident with the weight gain the acting manager advised us that the weight gain was related to a medication issue. The acting manager confirmed that this was discussed at a multi-disciplinary review.

i.4.6 Fire safety

We confirmed that the home's most recent fire safety risk assessment was dated 26 June 2015. We reviewed the fire safety records and confirmed that fire safety training was undertaken on 18 and 19 December 2015. The records indicated that a fire drill took place on 18 and 19 December 2015.

i.4.7 Accidents / Incident reports

We reviewed the accident/incident records which have occurred since the previous inspection and confirmed that these were appropriately managed and reported. The deputy manager was referred to the RQIA guidance on reporting of statutory notifications.

i.4.8 Complaints / Compliments records

In our inspection of complaint records and discussion with the deputy manager we confirmed that complaints had been managed appropriately.

Areas for improvement

No areas of improvement were identified within the additional areas inspected.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Sheree Kerr, deputy manager. 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

- This section outlines the 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 and The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS 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 should be completed by the registered person/registered manager and 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. Once fully completed, the QIP will be returned to 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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

Recommendation 1



Ref: Standard 14.5

Stated: First time

To be Completed by:
12 April 2016

The registered person should ensure that opportunities are created to develop a care plan for residents to specify their recorded wishes and any other specific arrangements at the time of death.

Response by Registered Manager Detailing the Actions Taken:
We are presently discussing Death and Dying during our Residents Bi-Annual Reviews with residents Families and NOK. We do this sensitively as some families can find this topic very distressing. From these discussions we will create a Care Plan to support the resident and their relatives allowing us to meet their specific wishes in the event of a resident dying. This Care Plan will be kept on file and reviewed twice yearly.

Registered Manager completing QIP	Desy Carton	Date completed	08.02.16
Registered Person approving QIP		Date approved	10.03.16
RQIA Inspector assessing response		Date approved	21.3.16

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