



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment: Ralph's Close
RQIA Number: 11123
Date of Inspection: 10 February 2015
Inspector's Name: John McAuley
Inspection ID: 17842

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Service:	Ralph's Close
Address:	Gransha Park Clooney Road Londonderry BT47 6TF
Telephone number:	0287864332 or 0287864322
E mail address:	desy.carton@westerntrust.hscni.net
Registered Organisation/ Registered Provider:	Western HSC Trust Elaine Way CBE
Registered Manager:	Desy Carton (Acting Manager)
Person in charge of the home at the time of inspection:	Sheree Kerr Deputy Manager
Categories of care:	RC-LD
Number of registered places:	16
Number of residents accommodated on Day of Inspection:	16
Scale of charges (per week):	Trust rates
Date and type of previous inspection:	4 June 2014 Primary Announced Inspection
Date and time of inspection:	10 February 2015 10:30am – 2:15pm
Name of Inspector:	John McAuley

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

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

- Discussion with the deputy manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

Standard 9 – Health and Social Care:

The health and social care needs of residents are fully addressed.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Ralph's Close Residential Care home is situated within the grounds of Gransha Hospital. The hospital is on the outskirts of the City of Derry/Londonderry.

The residential home is operated by the Western Health and Social Care Trust. The building and grounds are owned and maintained by Trinity Housing Association. The current acting manager is Desy Carton.

Accommodation for residents is provided in four adjoining houses. All bedrooms are single with en-suite bathrooms. All of the accommodation is single storey.

Communal lounge and dining areas are provided in each of the four houses.

The home also provides for catering and laundry services on site.

A number of communal sanitary facilities are available throughout the home.

The grounds of the home are enclosed with secure fencing and access to the grounds is via a gate which can be operated remotely by staff. The houses are surrounded by a spacious paved and landscaped garden which contains a number of sensory areas.

The home is registered to provide care for a maximum of 16 persons under the following categories of care:

Residential care

LD Learning Disability

8.0 Summary of Inspection

This secondary unannounced care inspection of Ralphs Close was undertaken by John McAuley on 10 February 2015 between the hours of 10:30am and 2:15pm the deputy manager in charge, Ms Sheree Kerr was available during the inspection and for verbal feedback at the conclusion of the inspection.

The three recommendations made as a result of the previous inspection on 4 June 2014 were also examined. There was evidence that the home has addressed these as required within the timescales specified. The detail of the actions taken by registered manager can be viewed in the section following this summary.

The focus of this inspection was on Standard 9 Health and Social care of the DHSSPS Residential Care Homes Minimum Standards. A review of this standard found that care records were recorded in detail with good account of residents' health and social care needs being met. Staff on duty confirmed good knowledge and understanding of residents' needs and prescribed interventions. Care progress records contained evidence that statements of assessed need had a recorded statement of care / treatment given and effect of same. There were processes in place to ensure the effective management of the standard inspected, and the overall standard was assessed as compliant.

During the inspection the inspector met with residents and staff, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. Staff interactions with residents were found to be polite, warm, friendly and supportive.

None of the residents in the home could articulate their views on the service but non-verbal cues and general observations identified that the residents were comfortable and at ease in their environment and interactions with staff. The details of these discussions are in section 10.0 of the main body of this report.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from staff are included in section 10.0 of the main body of the report.

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained.

A number of additional areas were also examined these included a review of the complaints records, monitoring reports and duty rotas. Further details can be found in section 10.0 of the main body of the report.

No requirements and no recommendations were made as a result of the secondary unannounced inspection.

The inspector would like to thank the residents, staff and deputy manager for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 4 June 2014

No.	Regulation Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	25.1	Continue to review the staffing needs of the home to ensure stability in the workforce is maintained.	Discussions with the deputy manager, together with a review of current staffing levels confirmed that staffing levels are being reviewed and there is good stability of staff in place.	Compliant
2	27.1	The glass in the internal doors should be cleaned and maintained clean.	These areas were found to be clean at the time of this inspection.	Compliant
3	27.1	Replace the individual table mats detailing resident's speech and language therapist recommendations which have become dog-eared and worn.	The individual mats have been replaced.	Compliant

9.0 Inspection Findings

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings:	
A review of residents' care records confirmed that the details of each resident's GP and aligned healthcare professionals were recorded. Assistance is in place, for those residents who need to register with a new GP and / or healthcare professional.	Compliant
Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	COMPLIANCE LEVEL
Inspection Findings:	
Discussions with the deputy manager and staff on duty confirmed that they had knowledge and understanding of residents' needs and practices and interventions prescribed. At the time of this inspection there was staff training in place on how to respond to residents' behaviours, which received positive feedback from staff. Staff knowledge and understanding of residents' needs was disseminated through handover meetings, supervision, staff meetings and managerial support. This knowledge and understanding was found to correspond with the assessments and care plans reviewed. The knowledge and understanding of staff was also demonstrated in how staff interacted with individual residents, particularly with issues of communication difficulties.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: A review of residents' care records confirmed that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referrals to the aligned health care professional(s).</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Evidence was in place to confirm that the resident's representative is provided with feedback from health and social care appointments and any follow up care required. This evidence was recorded in a contact record with the resident's representative and also in the resident's progress records.</p>	<p align="center">Compliant</p>

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: A record is maintained of each resident's contact with their aligned health care professional(s). There was also evidence in place to confirm that referrals are made as necessary to the appropriate service.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: General observations of residents' aids, appliances and equipment found these were maintained in good order.</p>	<p align="center">Compliant</p>

10.0 Additional Areas Examined

10.1 Resident's Consultation

The inspector met with all the residents in the home at the time of this inspection. Due to complexities of dependencies none of the residents could articulate their views about the home; however through non-verbal cues and observations of care practices, all the residents appeared comfortable and at ease in their interactions with staff and their environment.

No concerns were expressed or indicated.

10.2 Relatives/Representative Consultation

There were no visiting relatives in the home at the time of this inspection.

10.3 Staff Consultation

The inspector spoke with seven members of staff of various grades on duty. All staff spoke on a positive basis about their roles and duties, the teamwork, the managerial support and the provision of care.

No concerns were expressed.

10.4 Visiting Professionals' Consultation

There were no visiting professionals in the home at the time of this inspection.

10.5 General Environment

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained.

Residents' bedrooms were observed to be homely and personalised.

The communal lounges and dining areas were comfortable and nicely facilitated.

10.6 Monitoring visits

A review of the most recent monitoring visit report on January 2015, on behalf of the registered provider was examined. This report was found to be maintained in accordance with legislation with good evidence of governance arrangements in place.

10.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A review of the record of complaints, together with discussions with the deputy manager evidenced that expressions of dissatisfaction were taken seriously and managed appropriately.

10.8 Care Practices

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. Staff interactions with residents were found to be polite, friendly and supportive. Residents were found to be comfortable, content and at ease in their environment and interactions with staff. Staff were found to be attentive to residents' individual needs, particularly in areas of communication. Staff were also observed to act kindly and with warmth in their responses to residents' needs and were diligent in responding to same.

The atmosphere throughout each of the four units was similar and issues pertaining to challenging behaviours were dealt with sensitively whilst maintaining a homely and therapeutic ethos.

11.0 Quality Improvement Plan

The findings of this report were discussed with Ms Sheree Kerr as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider / manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of this report.

Enquiries relating to this report should be addressed to:


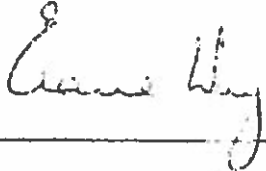
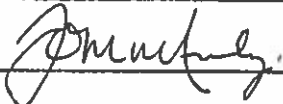
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No requirements or recommendations resulted from the secondary unannounced inspection of Ralph's Close which was undertaken on 10 February 2015 and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

NAME OF REGISTERED MANAGER COMPLETING	 DESY CARTON
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	 ELAINE WAY
Approved by:	Date
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