



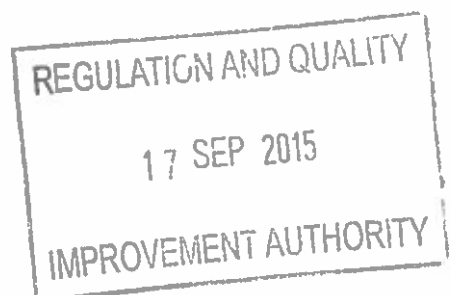
The Regulation and
Quality Improvement
Authority

Ralphs Close
RQIA ID: 11123
Gransha Park
Clooney Road
Londonderry

Inspector: John Mc Auley
Inspection ID: IN022211

Tel: 028 71864332
Email: desy.carton@westerntrust.hscni.net

**Unannounced Care Inspection
of
Ralph's Close
22 July 2015**



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 22 July 2015 from 12pm to 4:45pm. This inspection was in response to an anonymous whistleblowing complaint to RQIA alleging concerns about the staffing levels in the home.

Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. No areas of improvement were identified.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005 and The DHSSPS Residential Care Homes Minimum Standards (2011).

1.1 Actions/ Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP 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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Western Health and Social Services Trust	Registered Manager: Desy Carton
Person in Charge of the Home at the Time of Inspection: Anbili Karunakaran Acting deputy manager	Date Manager Registered: Acting manager
Categories of Care: RC-LD	Number of Registered Places: 18
Number of Residents Accommodated on Day of Inspection: 18	Weekly Tariff at Time of Inspection: £437

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

Standard 25: The number and ratio of management and care staff on duty at all times meet the care needs of residents.

4. Methods/ Process

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

Prior to inspection the following records were analysed: the previous inspection report and quality improvement plan and accident and incident notifications.

During the inspection the inspector met with all the residents, eight care staff and the acting deputy manager.

The following records were examined during the inspection: duty rotas, records of staff meetings, complaints and compliments records, one resident's care records and fire safety records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced inspection dated 10 February 2015. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

No recommendations or requirements from last inspection

5.3 Standard 25: The number and ratio of management and care staff on duty at all times meet the care needs of residents.

Is Care Safe? (Quality of Life)

Staffing levels at the time of this unannounced inspection consisted of:

- House 1: 1 x senior care assistant (band 5) and 4 x support workers (band 3)
- House 2: 1 x senior care assistant (band 5) and 4 x support workers (band 3)
- House 3: 1 x senior care assistant (band 5) and 5 x support workers (band 3)
- House 4: 1 x senior care assistant (band 5) and 3 x support workers (band 3)

There was also a deputy manager on duty covering the four houses.

From our observations of care practices, discussions with staff and review of accident and incident notifications and fire safety records, these staffing levels met the needs of the residents. The staffing levels took account of the size and layout of the home, the Statement of Purpose and fire safety requirements.

We also reviewed the staffing levels on night duty and found these to be adequate.

We reviewed the duty rotas. These confirmed that there was a record of staff working over a 24 hour period and the capacity in which they worked.

The duty rotas also indicated there was usage of agency staff to cover absence and annual leave. From our discussions with the deputy manager we confirmed that these agency staff were employed in the home on a long term basis. Agency staff had received induction training and were included in the home's programme of mandatory training. The usage of agency staff is closely monitored with a report of usage sent to senior management on a weekly basis.

All staff that have responsibility of being in charge have been assessed as competent and capable. From our discussions with staff we could confirm that they had good knowledge and understanding of residents' needs.

In our discussions with staff, they confirmed to us that they felt the staffing levels in the home were adequate and safe.

We also observed the care practices when staff went on their lunch breaks and found that residents' needs were met.

Administrative and ancillary staff are employed to ensure that minimum standards relating to respective responsibilities are fully met.

Is Care Effective? (Quality of Management)

The home has a defined management structure as detailed in the Statement of Purpose. This includes a registered manager and two deputy managers. The management structure is in line with the Western Health and Social Care Trust's structure for the programme directorate.

In our discussions with staff, they confirmed to us that they felt there was good managerial support and availability. Staff also informed us that they would have no hesitation about reporting concerns to management.

Staff meetings take place on a regular basis. These meetings discuss amongst other issues care issues and care plans of residents.

Time is scheduled at staff or shift changes to hand over information regarding residents and other areas of accountability. A record is maintained of this information, together with a delegation of duties.

A record is maintained of all staff employed. This record includes their name, date of birth, previous experience, and qualifications, starting and leaving dates, posts held and hours of employment.

In our discussions with staff, they confirmed to us good knowledge of the aligned health care professionals they could utilise for the care of the resident. These professionals included the behavioural support services, occupational therapy, moving and handling specialist and district nursing services. The support from these professionals also included training to staff.

Is Care Compassionate? (Quality of Care)

From our observations of care practices we found residents were treated with dignity and respect. Staff interactions with residents were pleasant, friendly, warm and supportive.

Care duties were organised at an unhurried pace. Residents' social and recreational needs were met with a number attending a bus trip in the afternoon or going for walks with staff.

For two residents whose needs were significant, staff were organised in attending to these, including when they had to cover their own breaks.

A relaxed atmosphere was in place, despite minor verbal type outbursts from some residents. Staff responded to such with knowledge and understanding, with positive benefit to the resident.

Areas for Improvement

There were no areas of improvement identified with this standard inspected. The overall assessment of this standard considered to be compassionate, safe and effective.

Number of Requirements:	0	Number of Recommendations:	0
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Additional Areas Examined

i.4.1 Residents' Views

We met with all residents in the home. Due to their 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.

i.4.2 Relatives' Views

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

i.4.3 Staff Views

From our discussions with staff on duty, they spoke with positive regard to the provision of care, staffing, teamwork, morale, training and managerial support.

i.4.4 Accident/ Incident reports

A review of these reports from the previous inspection was undertaken. These were found to be appropriately managed and reported.

i.4.5 General Environment

We found the home to be clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were of a good standard.

Residents' bedrooms were comfortable and facilitated with personal artefacts and memorabilia.

i.4.6 Care Practices

Throughout our discreet observations of care practices we noted residents being treated with dignity and respect. Care duties were organised.

Staff interactions with residents were found to be polite, friendly, warm and supportive. A nice homely atmosphere was in place. In the afternoon there were a number of residents out on a bus trip whilst some other residents were out on walks with staff.

5.4.7 Complaints and Compliments Records

We reviewed the home's record of complaints. Together with discussions with the deputy manager we could confirm the expressions of dissatisfaction are taken seriously and managed appropriately.

We also reviewed the home's record of compliments. These contained feedback from visiting relatives and helped in addressing with issues of staff morale.

i.4.8 Fire Safety

Fire safety training including fire safety drills were maintained on an up to date basis.



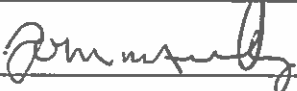
The home's most recent fire safety risk assessment dated 26 June 2015 was reviewed.

We observed no obvious risks within the environment in terms of fire safety, such as wedging opening of doors.

Areas for Improvement

There were no areas of improvement identified with these additional areas inspected.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager		Date Completed	7.9.15
Registered Person		Date Approved	14.9.15
RQIA Inspector Assessing Response		Date Approved	21/09/15

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

Please complete in full and returned to care.team@rqia.org.uk from the authorised email address

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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.