



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	Clairville
Establishment ID No:	1333
Date of Inspection	15 April 2014
Inspector's Name:	Bronagh Duggan
Inspection No:	17301

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of Home:	Clairville
Address:	62 Bann Road Rasharkin BT44 8SZ
Telephone Number:	0282954 1139
E mail Address:	clairville@GMX.com
Registered Organisation/ Registered Provider:	Mrs Veronica Reid
Registered Manager:	Mrs Veronica Reid
Person in Charge of the home at the time of Inspection:	Mrs Veronica Reid
Categories of Care:	RC-I ,RC-MP(E) ,RC-PH ,RC-PH(E) ,RC-DE
Number of Registered Places:	17
Number of Residents Accommodated on Day of Inspection:	16
Scale of Charges (per week):	Trust Rates
Date and type of previous inspection:	10 September 2013 Primary announced inspection
Date and time of inspection:	15 April 2014 10.20 - 14.10
Name of Inspector's:	Bronagh Duggan Lynn Long

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

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether 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.

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 (2008)

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

METHODS/PROCESS

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

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/s:

Standard 9 – Health and Social Care

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service'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.

PROFILE OF SERVICE

Clairville Private Residential Home is situated outside the village of Rasharkin in a rural setting. It is a detached two storey dwelling.

Clairville was re-registered on 13 June 2005 to accommodate seventeen residents in eleven single and three double bedrooms.

Other facilities provided include a sitting room, a small private room, sun room, dining room, kitchen, laundry and an office. There are adequate car parking facilities.

The registered provider confirmed that the home does not provide day care nor has an application been made to the RQIA to provide day care.

The certificate of registration issued by the Regulation and Quality Improvement Authority (RQIA) was appropriately displayed, as required by legislation, in the hallway of the home.

SUMMARY

A secondary unannounced inspection was carried out by Bronagh Duggan and Lynn Long RQIA inspectors on 15 April 2014 from 10.20 am - 14.10 pm. The inspectors were greeted on arrival by Mrs Veronica Reid who was available throughout the inspection to provide information and assistance.

The focus of this inspection was to follow up on the requirement made from the previous inspection and to assess the homes compliance with Standard 9 which relates to Health and Social Care needs of residents. A review of the requirement made as a result of the previous inspection identified that it had been fully addressed.

Methods used during this inspection included reviewing a range of care plans, policies, procedures and other documentation available in the home. Inspectors spoke with residents, staff, and visiting relatives who were available in the home.

In total fourteen residents and two relatives shared their experiences of the home. Feedback from individuals spoken with was positive in relation to the care received. Relatives confirmed that they were kept informed of their relative's progress and felt able to approach staff if they needed to. Residents were observed to be clean and tidy with obvious time afforded to their appearance. Residents readily shared their experiences with inspectors and appeared comfortable in their surroundings. Observed interactions between residents and staff were noted to be friendly and relaxed with caring duties carried out in an unhurried manner.

As a result of this inspection three requirements and four recommendations have been made these are referred to in the main body of the report. The three requirements which have been made relate to fire safety, notification of incidents, and maintaining an up to date visitor's book at the home. Recommendations were also made in relation to ensuring progress notes reflect residents' chronic medical conditions, and the home should also ensure all residents are registered with the appropriate health professionals as soon as possible after admission to the home. There were two further recommendations made these related to firstly the home replacing the template currently in use for progress notes as this was found to be of poor quality and also that the identified bedroom should receive a thorough clean with any identified source of odour removed.

The home overall found to be clean, tidy and fresh smelling with the exception of the identified bedroom.

The inspectors wish to acknowledge the full cooperation of the registered manager and staff throughout the duration of the inspection and thank residents, relatives and staff members for their input.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 19.2	Staff personnel files should contain evidence of identity.	Staff files were examined during the inspection and contained evidence of staff member's identity.	Compliant

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

Criterion Assessed:	COMPLIANCE LEVEL
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.	
Inspection Findings:	
Care files of five residents were reviewed. Three of the files examined included details of the residents General Practitioner (GP), optometrist and dentist. The other two files contained details of the residents GP only. It was noted that both these residents had recently been admitted to the home. The registered manager confirmed during discussion that these residents had not yet been included in the annual screening sessions. A recommendation has been made that all residents in the home be registered with a GP, optometrist and dentist as soon as possible after admission.	Substantially Compliant
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Inspection Findings:	
It was confirmed during discussion with staff that they understand the health and social care needs of residents. Staff were knowledgeable in relation to health practices, and interventions and were aware of different health care professionals whom they can easily contact should they have any concerns.	Compliant

<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>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The care records of five residents were reviewed; there was evidence of input from a range of primary health care professionals. It was noted in one of the files that a resident experienced regular periods of ill health due to an ongoing medical condition. A review of this care record evidenced that there had been no reference made, in the daily progress notes, to the management of the resident's on going medical condition for a notable period of time. A recommendation has been made that resident's progress notes should reflect clearly and regularly the monitoring and management of resident's ongoing medical conditions and general health.</p>	Substantially Compliant
<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>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Two relatives were available to share their experiences with inspectors. Feedback from relatives indicated that they were satisfied with the care provided in the home and were kept informed of their relatives progress and any appointments attended.</p>	Compliant
<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>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Systems were in place which monitored the frequency of health screening services provided for residents. A review of these records confirmed that referrals are made to a range of health and social care services as required. As discussed in section 9.1 a recommendation was made in relation to being registered with a GP, optometrist and dentist as soon as possible after admission.</p>	Substantially Compliant

<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>COMPLIANCE LEVEL</p>
<p>Inspection Findings: The inspector was satisfied that resident's personal items and equipment are maintained in a systematic manner, these were viewed on the day of inspection.</p>	<p>Compliant</p>

ADDITIONAL AREAS EXAMINED

Residents' Views

The inspectors met informally with fourteen residents. Residents spoken with confirmed that they were satisfied with the care provided by the home and indicated that they had good relationships with staff. Observations made during the inspection indicated that residents were relaxed and comfortable in the home. No concerns were expressed by residents.

Some views from residents included:

"All is good, we are well looked after"

"I'm happy here"

"The staff are kind, I eat well"

"Oh yes, it's great"

Relatives' Views

Two relatives met with the inspectors in private. The relatives stated that they were very satisfied with the care provided and spoke highly of the staff. Relatives stated that they were well informed about their family member's progress and could approach staff if they had any concerns.

Fire Safety

The homes fire safety risk assessment was found to be in need of updating. Inspection of fire safety training records identified that staff training also needs to be updated. A requirement has been made that the fire safety risk assessment is updated and staff training in relation to fire safety is provided.

Observation of Care Practices

Discreet observations of care practices demonstrated that residents were at ease and interacted well with staff. Care duties were observed to be well organised and completed in an unhurried manner. Staff were observed to be polite, friendly and supportive and treated the residents with dignity and respect.

Accidents and Incidents

Records of accidents and incidents in the home were available and reviewed. A review of the records identified a number of accidents and incidents which had not been reported to RQIA as outlined in legislation. This issue was brought to the attention of the registered manager and a requirement has been made to ensure that RQIA are informed of all accidents and incidents as outlined in the legislation.

Environment

Inspectors, accompanied by the deputy manager were shown round the home. The home was found to be clean and tidy. The atmosphere was warm, friendly and welcoming. Inspectors

viewed living areas, resident's bedrooms, bathrooms and communal areas throughout the home. A strong odour was identified in one bedroom this was raised with the registered manager a recommendation was made specifying that the source of this odour be identified and remedied (as per summary). A requirement was made that the visitor's book should be positioned in an accessible part of the home to ensure visitors to the home complete this, as it was found that the visitor's book had not been completed for a significant period of time.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Veronica Reid, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Bronagh Duggan
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Bronagh Duggan
Inspector/Quality Reviewer

Date



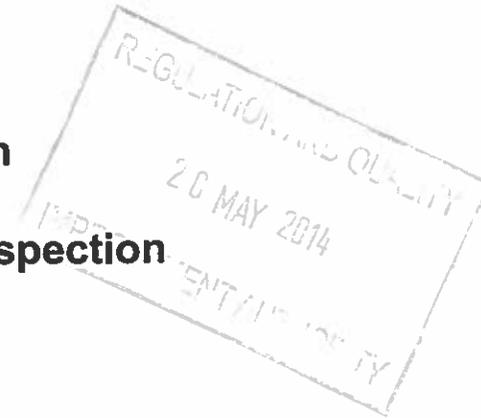
The Regulation and
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Quality Improvement Plan

Secondary Unannounced Care Inspection

Clairville

15 April 2014



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Veronica Reid registered manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	27.(4) (a) (e)	<p>The Registered Manager must ensure that the Fire Safety Risk Assessment is current and up to date.</p> <p>The Registered Manager should ensure that staff complete mandatory fire safety training in line with training guidelines.</p>	One	<p>Risk Assessment carried out 13th May 2013. Training completed.</p>	27 May 2014
2.	30.(1)	The Registered manager should ensure that any accidents and incidents in the home are reported to RQIA in keeping with legislation.	One	Complying.	From the date of the inspection
3.	19 (2) Schedule 4 22	The registered manager should ensure that the visitor's book is positioned in an open and accessible area of the home and is completed by all visitors to the home.	One	visitors book visible at front of home.	10 June 2014

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	8.2	Progress notes should be written in such a way so that they reflect the care given in relation to the management of residents chronic medical conditions.	One	<i>updated.</i>	10 June 2014
2.	9.1	The home should have details of residents General Practitioner, optometrist and dentist. If residents have to register with a new provider this should be done as soon as possible after the resident has been admitted to the home.	One	<i>completed</i>	10 June 2014
3.	8.5	The photocopy template currently in use for progress notes should be replaced as it is of poor quality.	One	<i>Replaced</i>	10 June 2014
4.	27.1	The bedroom identified with a strong odour should receive a thorough clean and any source of odour be removed.	One	<i>on going</i>	From the date of the Inspection

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority
 9th floor
 Riverside Tower
 5 Lanyon Place
 Belfast
 BT1 3BT

SIGNED: *V Rend*

NAME: *VERONICA REND*
 Registered Provider

DATE _____

SIGNED: *V Rend*

NAME: *VERONICA REND*
 Registered Manager

DATE _____

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	YES	} Lynn	} 28/5/14.
Further information requested from provider	NO	} Keng	