

Unannounced Care Inspection Report 10 September 2018



Clairville

Type of Service: Residential Care Home
Address: 62 Bann Road, Rasharkin, BT44 8SZ
Tel No: 028 2954 1139
Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 17 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Clairville Responsible Individual: Veronica Reid	Registered Manager: Veronica Reid
Person in charge at the time of inspection: Roisin McGowan, senior carer	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: 17 places comprising RC-I RC-MP(E) No more than 2 persons in category RC-PH No more than 6 persons in category RC-DE

4.0 Inspection summary

An unannounced care inspection took place on 10 September 2018 from 11.00 to 17.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, supervision and appraisal, care records, communication between residents, staff and other interested parties and maintaining good working relationships.

Areas requiring improvement were identified in relation to recruitment records, completion of a legionella risk assessment, fire safety training for staff, photographs to be maintained in care records and the reporting of notifiable events. One area for improvement relating to the recording of when and how fire safety recommendations have been addressed has been stated for a second time.

Residents and/or their representatives said “This is a nice place to live, everyone is very nice.” “I am getting on very well, we are well looked after.” “You are welcomed every time you come here.”

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	3

Details of the Quality Improvement Plan (QIP) were discussed with Roisin McGowan, senior carer, as part of the inspection process. The timescales for completion commence from the date of inspection. Veronica Reid registered manager and responsible individual was also informed via telephone following the inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 November 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the person in charge, 10 residents, three staff, and five residents' visitors/representatives.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Eight questionnaires were returned by residents and residents' representatives.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training records
- Three staff files
- Three residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls), NISCC registration
- Cleaning records
- Accident, incident, notifiable event records
- Annual representatives survey

- Minutes of recent residents’ meetings
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Sample of policies and procedures

Areas for improvements identified at the last careinspection were reviewed and assessment of compliance was recorded as met in three areas and not met in one area.

The findings of the inspection were provided to the person in charge at the conclusion of theinspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 November 2017

The most recent inspection of the home was an unannounced careinspection.

The completed QIP was returned and approved by the careinspector.

6.2 Review of areas for improvement from the last care inspection dated 21 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure a record is kept of staff working over a 24 hour period and the capacity in which they worked. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Review of the duty rota and discussion with the person in charge confirmed that it reflected staff working in the home over a 24 hour period.	

<p>Area for improvement 2</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure an audit is completed to look at the furnishings and décor in the home. Any issues identified should be actioned accordingly.</p> <p>Ref: 6.4</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The senior carer confirmed an audit had been completed;repainting was evident to the interior and exterior of the home. Some new furnishings including tables had been provided. The registered manager confirmed review and improvement of furnishings and décor in the home would remain ongoing.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure records are maintained outlining when and how any fire safety recommendations have been addressed within the homes fire safety risk assessment.</p> <p>Ref: 6.4</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of records maintained in the home did not confirm that fire safety recommendations had been addressed. This area for improvement has been stated for a second time in the QIP appended to this report.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 29.6</p> <p>Stated: Second time</p>	<p>The registered person shall ensure records are maintained of the names of all staff who participate and any learning outcomes from fire drills undertaken in the home.</p> <p>Ref: 6.2</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of records maintained in the home showed that the names of staff and learning outcomes from fire drills undertaken in the home were recorded and available for inspection.</p>		

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The senior carer advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were not used in the home.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the senior carer and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the senior carer and review of three staff files showed omissions in the staff recruitment records. This was identified as an area for improvement to comply with the regulations.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The senior carer confirmed there had been no recent safeguarding referrals by the home but that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation and that written records would be retained.

The senior carer stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

The senior carer advised there were no restrictive practices within the home and on the day of the inspection none were observed.

There was an infection prevention and control (IPC) policy and procedure in place. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The senior carer reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

"The Falls Prevention Toolkit" was discussed with the senior carer and advice was given on the benefits of using this or a similar toolkit. Audits of accidents/falls were undertaken on a monthly basis.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

Review of records showed the home's legionella risk assessment was last updated in 2013. The need for this to be completed and any recommendations identified actioned was discussed with the senior carer. This was identified as an area for improvement to comply with the regulations.

A need to ensure a system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary was discussed.

The home had an up to date fire risk assessment in place dated 4 June 2018 the recording of when and how fire safety recommendations had been addressed was identified as an area for improvement during the previous inspection and has been stated for a second time in the QIP appended to this report.

Review of staff training records confirmed that staff completed fire safety training most recently on 4 June 2018. Records showed the previous fire safety training was provided in June 2017. The need to ensure staff complete fire safety training twice annually was identified as an area for improvement to comply with the standards. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who

participated and any learning outcomes. Fire safety records identified that fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Eight completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, supervision and appraisal, adult safeguarding, infection prevention and control, and the home's environment.

Areas for improvement

Three new areas for improvement were identified during the inspection these related to recruitment records, the completion of a legionella risk assessment, and ensuring all staff complete fire safety training at least twice per year. One area for improvement has been stated for a second time this related to the recording of when and how fire safety recommendations have been addressed.

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the senior carer established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR). Three care records were reviewed they included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. It was noted none of the three care records inspected contained an up to date photo of the resident. This was identified as an area for improvement to comply with the standards.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided to meet the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

The senior carer advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls) and cleanliness of the home were available for inspection.

The senior carer advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the senior carer and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the latest RQIA inspection reports and an annual satisfaction survey report dated October 2017 were on display in a central part of the home.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Eight completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other interested parties.

Areas for improvement

One area for improvement was identified during the inspection this related to ensuring all care records contain an up to date photograph of the resident.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The senior carer advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The senior carer, residents and their representatives advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and explained how confidentiality was protected.

Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs were met within the home.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings and representative feedback.

Records in the home showed representatives had been consulted with formally about the quality of care and environment in 2017. The findings from the consultation were collated into a summary report and was made available for residents and other interested parties to read. The need to ensure the report reflects both resident and representative's views was discussed this shall be followed up during a future inspection.

Discussion with staff, residents, and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example quizzes, watching classic films, and music sessions. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example visitors are welcome to the home, carol singers and musicians would visit the home at various times throughout the year.

Residents, staff and residents' visitors/representatives spoken with during the inspection made the following comments:

- "This is a nice place to live, everyone is very nice." (resident)
- "I am getting on very well, we are well looked after." (resident)
- "It's very good, the staff are very good they are like sisters to me." (resident)
- "It's lovely here, it really is it couldn't be nicer, the staff are so lovely." (resident)

- “I am very pleased with the home, we are very happy, feedback from the family is mammy seems happier herself being here.” (representative)
- “Staff are very able and caring, they are very good. The home is always clean, warm, no smell. You are welcomed every time you come here. I know (relative) is well looked after here, she is happy, she told me the other day she enjoys the company as she would get lonely at home.” (representative)
- “This place is marvellous, it is home from home. Very approachable bunch of staff.” (representative)
- “I enjoy coming to my work, it’s very friendly, it’s like home from home. It is a really good place to work.” (staff)

Eight completed questionnaires were returned to RQIA from residents and residents’ representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from completed questionnaires were as follows:

- “Well kept home very happy to be here.”
- “My mother has the best of care in Clairville. Staff are always very friendly when I visit. Very good home.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The senior carer outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or

their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party.

The home retains compliments received, e.g. there was a large number of thank you letters and cards received by the home.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events showed that there were inconsistencies on how these were documented and reported to RQIA and other relevant organisations. Recording and reporting of notifiable events information was identified as an area for improvement to comply with the regulations. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

Discussion with the senior carer confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example staff had completed training in dementia awareness.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The senior carer stated that the registered provider was fully aware of the day to day running of the home.

The senior carer reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The senior carer advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. The senior carer was advised the Equality Commission for Northern Ireland could be contacted for guidance on best practice in relation to collecting this type of data.

Eight completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements and maintaining good working relationships.

Areas for improvement

One area for improvement was identified during the inspection this related to the recording and reporting of notifiable events.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Roisin McGowan, senior carer, as part of the inspection process. Veronica Reid responsible individual / registered manager was also informed via telephone call following the inspection. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered providers should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (1) (b), Schedule 2 Stated: First time To be completed by: 10 October 2018	<p>The registered person shall ensure all staff are recruited in line with legislation and appropriate records are retained.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All staff has been recruited in line with legislation and records retained</p>
Area for improvement 2 Ref: Regulation 13. (7) Stated: First time To be completed by: 17 October 2018	<p>The registered person shall put in place an up to date legionella risk assessment. Confirmation also needs to be submitted to the aligned estates inspector of actions taken in response to any recommendations made from this assessment.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Legionella risk assessment was done on 23/10/18</p>
Area for improvement 3 Ref: Regulation 30. (d) Stated: First time To be completed by: 10 September 2018	<p>The registered person shall ensure the RQIA is notified accordingly regarding any event in the home which adversely affects the care, health, welfare or safety of any resident.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: R.Q.I.A. will be notified accordingly with any other events within the home</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 29.(1) Stated: Second time To be completed by: 12 September 2018	<p>The registered person shall ensure records are maintained outlining when and how any fire safety recommendations have been addressed within the homes fire safety risk assessment.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: Fire safety recommendation are being addressed from the risk assessment.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 29.4</p> <p>Stated: First time</p> <p>To be completed by: 10 December 2018</p>	<p>The registered person shall ensure all staff complete fire safety training at least twice every year.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All staff will complete fire safety training twice yearly</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.6</p> <p>Stated: First time</p> <p>To be completed by: 10 October 2018</p>	<p>The registered person shall ensure resident's records contain a recent photograph of the resident.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All residents has had a recent photograph taken and has been replaced in their records.</p>



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