



The Regulation and
Quality Improvement
Authority

Clairville
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**Unannounced Care Inspection
of
Clairville**

17 November 2015

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of inspection

An unannounced care inspection took place on 17 November 2015 from 09.45 to 15.00. On the day of the inspection the home was found to be delivering safe and compassionate care. Two issues from the previous inspection in relation to the continence policy and training for staff in continence management have been stated for the second time. We identified some areas of improvement to ensure care is effective; as a result the standard we inspected was assessed as being partially met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, 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	4

The details of the QIP within this report were discussed with Mrs Veronica Reid registered manager/provider as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Mrs Veronica Reid	Registered Manager: Mrs Veronica Reid
Person in charge of the home at the time of inspection: Mrs Veronica Reid	Date manager registered: 01/04/2005
Categories of care: RC-PH, RC-DE, RC-I, RC-MP(E), RC-PH (E)	Number of registered places: 17
Number of residents accommodated on day of inspection: 16	Weekly tariff at time of inspection: £470 per week

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 1: Resident's views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes

Prior to inspection we analysed the following records: notifications of accident and incident records submitted to RQIA and the returned Quality Improvement Plan from the last care inspection dated 18 June 2015.

During the inspection we met with 14 residents, two care staff, two catering and domestic staff and five resident's visitors/representatives.

The following records were examined during the inspection:

- Three care records
- Compliments and complaints records
- Minutes of residents' meetings
- Menu records
- Relevant policies and procedures
- Statement of Purpose
- Accident and incident records
- Fire safety risk assessment
- Staff training records.

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 26 June 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 16.(1)	The registered manager must ensure that the care plan for one resident clearly and specifically identifies how the individuals care, health and welfare are to be met.	Met
	Action taken as confirmed during the inspection: The identified residents care plan had been updated to reflect how the individual's care, health and welfare are to be met.	

<p>Requirement 2</p> <p>Ref: Regulation 15.(2)</p>	<p>The registered manager must ensure that the assessment of need for resident's is kept under review and revised when necessary with any changes in the resident's circumstances.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>We inspected three care records. These contained up to date needs assessments.</p>		
<p>Requirement 3</p> <p>Ref: Regulation 27.(2) (b)</p>	<p>The registered manager should ensure that the carpet on the stairs and landing area is securely fitted.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>An inspection of the environment confirmed that the carpet had been securely refitted.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 27(4)(d)(i)</p>	<p>The registered manager must ensure fire doors are not propped open. If these doors need to be held open they should be fitted with automatic closing devices which activate in the event of a fire.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>An inspection of the environment confirmed the identified fire doors have been fitted with automatic closing devices. These were observed as being kept clear and free from obstacles.</p>		

Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 9.2	The registered manager should ensure all care staff complete training in relation to continence management.	Not met
	Action taken as confirmed during the inspection: The registered manager confirmed the home had been unable to secure training to date. This recommendation has been stated for the second time in the Quality Improvement Plan appended to this report.	
Recommendation 2 Ref: Standard 21.1	The registered manager should ensure that the home's policy on the management of continence is updated.	Not Met
	Action taken as confirmed during the inspection: This has not been completed. This recommendation has been stated for the second time in the Quality Improvement Plan appended to this report.	
Recommendation 3 Ref: Standard 10.1	Staff should complete training in relation to managing challenging behaviour on an annual basis as stated in RQIA Guidance on Mandatory Training 2012.	Met
	Action taken as confirmed during the inspection: We inspected records available in the home which showed staff had completed training in relation to managing challenging behaviour in August 2015.	

Recommendation 4 Ref: Standard 13.2	A structured programme of activities should be developed in consultation with residents to ensure that there is a good range of enjoyable and meaningful activities available on a regular basis.	Met
Action taken as confirmed during the inspection: We inspected records available in the home which showed the programme of activities was developed with consultation from the residents.		
Recommendation 5 Ref: Standard 13.4	A clear, visually stimulating format should be developed to display the programme of activities in the home so residents and their representatives know what activities are scheduled.	Met
Action taken as confirmed during the inspection: A clear and visually stimulating programme of activities was on display in the home.		

5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

In our discussions with the registered manager and staff members on duty they confirmed that individual choices, preferences, or issues of concern identified by residents are listened to and readily acted on. We inspected three care records. These records included up to date needs assessments, risk assessments and care plans. These were kept under continual review to reflect the needs and preferences of residents.

Staff demonstrated to us that they were aware of the values of independence, choice and consent. Staff were aware of the need to consistently demonstrate these values to underpin the practice of the home.

Is care effective? (Quality of management)

In our discussions with the registered manager and staff they confirmed that residents are consulted on a daily basis in regards to menu choices, activities, the clothes they wear and outing's. We viewed menu records maintained in the home. These showed residents individual choices and preferences are obtained daily.

We inspected the minutes of residents meetings. The most recent meeting was held in August 2015. These minutes included information relating to the preferences of activities for residents. We noted that prior to the August meeting residents meetings were being held on an infrequent, sporadic basis. We advised the registered manager of the benefits of holding more frequent meetings.

We inspected the homes Statement of Purpose this identified the philosophy of care within the home. This had a strong focus on the values of privacy, dignity, respect, independence and choice. Residents confirmed they were aware of how to make a complaint if they so wished. We reviewed complaints records maintained in the home. These showed that the last complaint made by a resident in the home was in 2014. This had been resolved satisfactorily.

We requested from the registered manager evidence of formally gathering the views and opinions from residents about the running of the home. The registered manager confirmed that this information was not available. We made a recommendation that the views and opinions of residents and their representatives should be sought formally at least once a year, preferably by an organisation or person independent of the home.

Further to this we made a recommendation that a report should be compiled from the information gathered, to reflect the comments made, issues raised and any actions to be taken for improvement. A copy of the report should be provided to residents and their representatives.

The registered manager and staff confirmed that residents and their representatives would be informed about any planned inspections and be encouraged to share their views about the home to the inspectors.

Is care compassionate? (Quality of care)

In our discussions with the registered manager and staff they confirmed that residents' individual needs and preferences were at the centre of care provision in the home.

From our observations of care practices and interactions between residents and staff we found residents were treated with dignity and respect. Residents appeared comfortable and relaxed; interactions were observed to be warm and friendly.

Areas for improvement

We identified two areas of improvement in relation to this standard. These included formally gathering the views and opinions of residents and representatives about the running of the home and compiling a report from the information gathered. Overall this standard was assessed to be partially met.

Number of requirements:	0	Number of recommendations:	2
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5.4 Additional areas examined

5.4.1 Residents' views

We spoke with 14 residents individually. In accordance with their capabilities all expressed or indicated that they were happy with their life in the home, their relationship with staff and the care provided.

Some of the comments received from residents included:

- "I am very happy here. The food is really good."
- "This is a good place to be, we have everything here."
- "You couldn't ask for anymore, everyone is very kind."

- "The food is exceptional, this is a great place. No complaints from me."
- "The staff are very good. Everyone is kind and helpful."
- "This is the best place I could be, it doesn't get any better."

5.4.2 Staff Views

We spoke with two care staff and two catering and domestic staff. Staff confirmed that they were supported in their respective duties and were provided with relevant training and resources to undertake their duties.

5.4.3 Relatives / representatives views

We met with five visiting relatives/representatives who shared with us their experiences of visiting the home.

Some of the comments received from the relatives/representatives included:

- "Everyone is so good and so kind, you couldn't get better. The home is always nice and clean, residents are nicely dressed."
- "The care is very good here, the staff are good. The home is clean; we are made to feel welcome at any time."
- "This is the best place for him/her. The atmosphere is very relaxed, the care is very good."
- "He/she is very happy here. I know he/she is well looked after."

5.4.4 General Environment

We found the home was clean and tidy with no malodours present. The decor and furnishings were of a satisfactory standard.

5.4.5 Fire Safety

The homes fire safety risk assessment had been updated in May 2015. Staff had completed fire safety training including a fire drill in May 2015. The registered manager confirmed a second fire safety training session would be available for staff by April 2016.

5.4.6 Accidents and incidents

We reviewed the accident and incident notifications since the previous inspection; these had been reported and managed appropriately. We discussed with the registered manager the need to ensure that all relevant information including times and dates are included on accident reports maintained within the home as we noted some omissions on records available.

5.4.7 Compliments and complaints

We viewed a large number of compliments given to the home. We reviewed the complaint records available in the home. No complaints had been made from the previous inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Veronica Reid registered manager as part of the inspection process. 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, 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 RQIA's office 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

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 1.6 Stated: First time To be completed by: 17 January 2016	The registered manager should ensure that that the views and opinions of residents and their representatives are sought formally at least once a year, preferably by an organisation or person independent of the home.		
	Response by Registered Person(s) detailing the actions taken: <i>The views of both residents and their relatives have been formally sought using an external organisation.</i>		
Recommendation 2 Ref: Standard 1.7 Stated: First time To be completed by: 17 January 2016	The registered manager should ensure that a report is compiled from the information gathered, to reflect the comments made, issues raised and any actions to be taken for improvement. A copy of the report should be provided to residents and their representatives.		
	Response by Registered Person(s) detailing the actions taken: <i>A copy of the report is available on the homes notice board.</i>		
Recommendation 3 Ref: Standard 9.2 Stated: Second time To be completed by: 17 January 2016	The registered manager should ensure all care staff complete training in relation to continence management.		
	Response by Registered Person(s) detailing the actions taken: <i>Contince management has been organised for the home's staff and will be completed by the give time 17th January 2016.</i>		
Recommendation 4 Ref: Standard 21.1 Stated: Second time To be completed by: 17 January 2016	The registered manager should ensure that the home's policy on the management of continence is updated.		
	Response by Registered Person(s) detailing the actions taken: <i>The homes policy on it's management of continence is in the process of being updated and will be completed by due date.</i>		
Registered Manager completing QIP	<i>✓ Rend</i>	Date completed	<i>31/12/15</i>
Registered Person approving QIP	<i>✓ Rend</i>	Date approved	<i>6/1/16</i>
RQIA Inspector assessing response	<i>B. Duggan</i>	Date approved	<i>11/1/16</i>

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