



# Unannounced Care Inspection Report 21 January 2019



## 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](http://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

<b>Organisation/Registered Provider:</b> Clairville  <b>Responsible Individual(s):</b> Veronica Reid	<b>Registered Manager:</b> Veronica Reid
<b>Person in charge at the time of inspection:</b> Wendy Dickie	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> 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	<b>Number of registered places:</b> 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 21 January 2019 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 supervision, infection prevention and control, communication between residents, staff and other interested parties and maintaining good working relationships.

Areas requiring improvement were identified in relation to recruitment records, legionella risk assessment recommendations and fire safety training for staff for a second time and the review and updating the needs assessment for an identified resident, and a care plan to be updated regarding the management of an identified condition for an identified resident.

Residents and their representatives shared positive views with regards to their experience in the home.

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
<b>Total number of areas for improvement</b>	*2	*3

\*The total number of areas for improvement include three which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Wendy Dickie, deputy manager, as part of the inspection process. The timescales for completion commence from the date of 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 10 September 2018.

#### 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 deputy manager, 13 residents, two staff and one residents' visitor/representative.

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. Four questionnaires were returned by residents and or residents' representatives and staff within the agreed timescale. The inspector provided the deputy manager with "Have we missed you" cards which were to be placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision information
- Staff competency and capability assessments
- Staff training schedule and training records
- Two staff files
- Three residents' care files
- Minutes of staff meetings

- Complaints and compliments records
- Audits of care reviews; accidents and incidents (including falls), environment, NISCC registration
- Cleaning records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- 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 recorded as met in three areas, partially met in two 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 10 September 2019

The most recent inspection of the home was an unannounced careinspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 10 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (1) (b), Schedule 2  <b>Stated:</b> First time	The registered person shall ensure all staff are recruited in line with legislation and appropriate records are retained.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the deputy manager and review of records showed some improvements with regards to the availability of relevant information however, not all information	

	required was available. This area for improvement has been stated for a second time in the QIP appended to this report.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13. (7) <b>Stated:</b> First time	<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><b>Action taken as confirmed during the inspection:</b>  Discussion with the deputy manager and review of records in the home confirmed a legionella risk assessment was completed in October 2018. It was noted recommendations had not been addressed. This issue was discussed with the deputy manager who was advised to ensure recommendations were addressed without delay. This information was shared with the aligned estates inspector for the home. This area for improvement has been stated for a second time in the QIP appended to this report.</p>	<b>Partially met</b>
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 30. (d) <b>Stated:</b> First time	<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><b>Action taken as confirmed during the inspection:</b>  Discussion with the deputy manager and review of records maintained in the home showed RQIA had been notified accordingly regarding reportable events in the home.</p>	<b>Met</b>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 29.(1) <b>Stated:</b> Second time	<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><b>Action taken as confirmed during the inspection:</b>  Discussion with the deputy manager and review of records maintained in the home confirmed fire safety recommendations had</p>	<b>Met</b>

	been addressed.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 29.4 <b>Stated:</b> First time	The registered person shall ensure all staff complete fire safety training at least twice every year.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the deputy manager and review of staff training records showed staff completed fire safety training in June 2018. The need for at least two sessions for staff per annum was discussed with the deputy manager. This area for improvement has been stated for a second time in the QIP appended to this report.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 8.6 <b>Stated:</b> First time	The registered person shall ensure resident's records contain a recent photograph of the resident.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the deputy manager and review of records showed recent photographs of residents had been added.	

### 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 deputy manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. 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 deputy manager and staff evidenced that an induction programme was in place for all staff. The inspector informed the deputy manager of the Induction Programme recently launched by the Northern Ireland Social Care Council (NISCC) to support best practice.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training and staff supervision were reviewed during the inspection. The deputy manager advised plans were in place to ensure all staff annual appraisals were completed by March 2019.

Discussion with the deputy manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the deputy manager and review of two staff files confirmed that improvements had been made with regard to the recruitment information available however additional information was needed. The need to ensure all relevant information was gathered prior to commencing employment and the benefit of using a checklist to monitor the collation of information was discussed with the deputy manager. This area for improvement has been stated for a second time in the QIP appended to this report.

The deputy manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body Northern Ireland Social Care Council (NISCC).

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 a good 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 deputy manager advised there had been no recent safeguarding referrals 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.

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 deputy manager 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.



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. It was noted the lids were broken on two pedal bins situated in shower rooms; this issue was discussed with the deputy manager who gave assurances that they would be replaced.

Inspection of the internal environment identified that the home was 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.

The home had a Legionella risk assessment in place dated October 2018, the need to ensure recommendations were actioned without delay was discussed with the deputy manager. This had been raised during the previous inspection and has been stated for a second time in the QIP appended to this report.

The home had an up to date fire risk assessment in place dated 4 June 2018 and recommendations had been actioned.

Review of staff training records confirmed that staff most recently completed fire safety training in June 2018. The need to ensure staff complete fire safety training at least twice every year 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. The most recent fire drill was completed in June 2018 records 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.

Four completed questionnaires were returned to RQIA from residents, residents' visitors/representatives and staff. 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 supervision, infection prevention and control, and the home's environment.

### Areas for improvement

Three areas for improvement have been stated for a second time relating to recruitment records, legionella risk assessment and fire safety training for staff.

	Regulations	Standards
<b>Total number of areas for improvement</b>	*2	*1

## 6.5 Is care effective?

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

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

Three care records were reviewed and were generally maintained appropriately two included an up to date assessment of needs, three contained life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. One of the care records inspected showed an identified resident assessment of needs required to be reviewed and updated; another care record required a care plan to be updated regarding the management of an identified condition. Two areas were identified for improvement to comply with the standards.

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.

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.

Discussion with the deputy manager confirmed that wound care was managed by community nursing services. Referrals were made to the multi-professional team regarding any areas of concern identified in a timely manner.

The registered manager 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 care review, accidents and incidents (including falls), were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The registered manager 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 deputy manager 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 were on display for residents, their representatives any other interested parties to read.

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.

Four completed questionnaires were returned to RQIA from residents, residents' visitors/representatives and staff. 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 reviews, communication between residents, staff and other interested parties.

### Areas for improvement

Two areas for improvement were identified during the inspection these related to the review and updating of an identified residents assessment of needs and for a care plan to be updated regarding the management of an identified condition.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

#### 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.**

The deputy manager 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.

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, and 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. For example ministers and local lay groups visit residents in the home on a regular basis.

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, visits by the registered provider.

Discussion with staff and residents confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example quizzes, armchair exercises, reminiscing. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example visitors are welcome to the home, and choirs and musical entertainers would visit the home for special occasions.

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

- "Everything is good, no complaints." (resident)
- "I am getting on very well, I have what I need." (resident)
- "I find it great, I love it, couldn't ask for nicer. It's a great place." (resident)
- "I like it here." (resident)
- "Everything is great, the home is very accommodating. All I can say is I would live here. We have no complaints. Mammy says it's like home from home." (representative)
- "It's like home from home, think if it was my mother I would be happy for her to be here." (staff)

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

Comments received from completed questionnaires were as follows:

- "I love it here, feel safe."
- "Very clean and friendly staff when I came to visit my mum."
- "Very clean home. Staff always friendly and have time to talk with you."

### 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
<b>Total number of areas for improvement</b>	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 deputy manager 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. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. There had been no new complaints recorded since the previous inspection.

The home retains compliments received, e.g. a number of thank you letters and cards were displayed on a notice board in the home.

A review of records of accidents, incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken.

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.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The deputy manager 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.

Four completed questionnaires were returned to RQIA from residents, residents' visitors/representatives and staff. Three respondents described their level of satisfaction with this aspect of care as very satisfied one was satisfied.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 Wendy Dickie, deputy manager, as part of the inspection process. 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (1) (b), Schedule 2  <b>Stated:</b> Second time  <b>To be completed by:</b> 21 February 2019	The registered person shall ensure all staff are recruited in line with legislation and appropriate records are retained.  <b>Ref:</b> 6.2
	<b>Response by registered person detailing the actions taken:</b> All records are retained and in line with legislations
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13.7  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 February 2019	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.  <b>Ref:</b> 6.2
	<b>Response by registered person detailing the actions taken:</b> The legionella risk assessment are being looked at with or plumber and cleaning of the tanks
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29.4  <b>Stated:</b> Second time  <b>To be completed by:</b> 21 February 2019	The registered person shall ensure all staff complete fire safety training at least twice every year.  <b>Ref:</b> 6.2
	<b>Response by registered person detailing the actions taken:</b> All staff have 1 <sup>st</sup> training done and next training will be in August 19
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 5  <b>Stated:</b> First time  <b>To be completed by:</b> 28 January 2019	The registered person shall review and update the assessment of needs for the identified resident.  <b>Ref:</b> 6.5
	<b>Response by registered person detailing the actions taken:</b> A review got and have been updated and needs identified.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 January 2019</p>	<p>The registered person shall ensure the care plan for an identified resident is updated regarding the management of an identified condition.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Care plans have all been done and have identified all condition</p>
---	---

*\*Please ensure this document is completed in full and returned via Web Portal\**





The Regulation and  
Quality Improvement  
Authority

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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**📍** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care