

# Unannounced Care Inspection Report 21 November 2017



## 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 with 17 beds that provides care within the categories of care as outlined in section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Clairville <b>Responsible Individual:</b> Mrs Veronica Reid	<b>Registered Manager:</b> Mrs Veronica Reid
<b>Person in charge at the time of inspection:</b> Wendy Dickie (deputy manager)	<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 comprising: No more than two 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 November 2017 from 10.45 to 16.15.

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 training, supervision and appraisal, infection prevention and control care records, reviews, communication between residents, staff and other key stakeholders the culture and ethos of the home, governance arrangements and maintaining good working relationships.

Areas requiring improvement were identified in relation to recording managers hours worked, completing an environmental audit, and ensuring records are maintained to show when and how the fire safety recommendations have been addressed. In addition one area for improvement in relation to recording the names of staff members as they participate in fire drills has been stated for a second time in the QIP appended to this report.

Residents and/or the representative said

- “It’s like one big family”
- “I like it, the staff are very good, the food is good, no complaints”
- “Very happy with the home, it’s a great place. (Staff) are all so friendly, the home is clean, tidy, no complaints”

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.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

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 20 July 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: notifications of accidents and incidents submitted to RQIA since the last care Inspection, the previous inspection report and the returned QIP.

During the inspection the inspector met with ten residents, two staff, one residents’ visitor/representative and the deputy manager.

A total of ten questionnaires were provided for distribution to residents and representatives for completion and return to RQIA, six questionnaires were returned within the requested timescale. Information was provided for staff to access RQIA electronic questionnaires to share their views regarding the service.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal information
- Staff training schedule/records
- Three resident’s care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls)

- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents’ meetings
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 20 July 2017**

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

The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 20 July 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
<b>Area for improvement 1</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time	The registered person shall ensure a cleaning schedule is completed daily to evidence tasks completed by all staff.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the deputy manager and review of records maintained in the home showed a cleaning schedule was in place to evidence tasks completed by staff.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 29.6 <b>Stated:</b> First time	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.  Ref:6.4	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records in the home and discussion with the deputy manager confirmed that the names of staff who participated in the most recent fire drill had not been recorded. 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 6.2 <b>Stated:</b> First time	The registered person shall ensure the three identified care plans are fully completed.  Ref:6.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of three identified care records confirmed that they had been fully completed.	

### 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 on the staffing levels for the home and that these 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, one residents' representative and staff.

A review of the duty roster showed that the hours worked by the registered manager were not recorded. This was identified as an area for improvement to comply with the standards.

Review of one completed induction record and discussion with the deputy manager 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 appraisal of staff was regularly provided. The benefit of developing a schedule for monitoring mandatory training, annual staff appraisals and staff supervision was discussed with the deputy manager.

The deputy manager and staff 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; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed during the previous inspection and were found to be satisfactory. Competency and capability assessments were not viewed on this occasion.

Review of the recruitment and selection policy and procedure during the previous inspection confirmed that it complied with current legislation and best practice. Discussion with the deputy manager confirmed that no staff have been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

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

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion. The deputy manager confirmed that there were plans in place to implement the new adult safeguarding procedures with specific adult safeguarding champion training planned.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. 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 whistle blowing. A review of staff training records confirmed that mandatory adult safeguarding training was planned for all staff on 30 November 2017.

The deputy manager advised there had been no recent safeguarding referrals or investigations. If there was the deputy manager advised all 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; written records would be retained.

Discussion with the deputy manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The deputy manager advised that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Discussion with the deputy manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. fire safety.

There was an infection prevention and control (IPC) policy and procedure in place. Staff training records confirmed 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. 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 personalised 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. It was noted however that a number of side tables and other furnishings were in poor condition. Some of the paintwork in the main sitting room area was also damaged. The completion of an audit to review the furnishing and décor of the home should be undertaken and any findings from the audit should be actioned accordingly. This was identified as an area for improvement to comply with the standards. Discussion with the deputy manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 20 June 2017 the deputy manager advised all recommendations had been appropriately addressed, however this information was not recorded anywhere in the home. The need to maintain a record showing when and how the recommendations were addressed was discussed with the deputy manager. This was identified as an area for improvement to comply with the standards.

Review of staff training records confirmed that staff completed fire safety training most recently in June 2017. The most recent fire drills was completed on 20 June 2017, however the records retained did not reflect the staff who participated. This 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. 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 (PEEPs) in place.

Nine completed questionnaires were returned to RQIA from residents and resident's representatives. One questionnaire was responded to electronically. Respondents described their level of satisfaction with this aspect of care as very satisfied.

One comment received from a completed questionnaire was as follows:

- "Home very well kept. Staff are all good."

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal and infection prevention and control.

## Areas for improvement

Three areas for improvement were identified during the inspection in relation to recording managers hours worked, completing an environmental audit, and ensuring records are maintained which indicate when and how the fire safety recommendations have been addressed.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

### 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 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. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice.

The deputy 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. Care plans were reviewed monthly, audits of accidents and incidents (including falls) were available for inspection. The deputy manager advised completed satisfaction questionnaires had been returned by residents/representatives and the information was due to be compiled within a report.

The deputy 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. The deputy manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and one representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

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. The deputy manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Nine completed questionnaires were returned to RQIA from residents and resident’s representatives. One questionnaire was responded to electronically. 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, reviews, communication between residents, staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.6 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 confirmed 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.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and one representative confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment for example the menu was displayed in a central location.

The deputy manager, residents and representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, the representative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected.

The deputy manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and the representative spoken with confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them for example residents' meetings, annual reviews etc.

Discussion with staff, residents, the representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities for example games, arts, arm chair exercises. Arrangements were in place for residents to maintain links with their friends, families and wider community for example choirs would visit the home at Christmas time.

Residents spoken with during the inspection made the following comments:

- "I could recommend it to anyone, it's very good we are well looked after. The food is good, the only thing is you get to much."
- "This is a really nice place, I am not here long, but there is always someone about if you need them."
- "It's like one big family."
- "I like it, the staff are very good, the food is good, no complaints."
- "It is really lovely, the girls are all so kind, they help me with my shower, it has been lovely staying here."

Nine completed questionnaires were returned to RQIA from residents and resident's representatives. One questionnaire was responded to electronically. Respondents described their level of satisfaction with this aspect of care as very satisfied.

One resident's representative commented:

- "Very happy with the home, it's a great place. (Staff) are all so friendly, the home is clean, tidy, no complaints."

### 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. 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 information displayed around 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 parties. There were no new complaints recorded since the previous inspection.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/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 and was reviewed as part of the inspection process.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example dementia awareness and falls prevention.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The deputy manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider generally responded to regulatory matters in a timely manner although one area for improvement has been stated for the second time from the previous QIP.

Discussion with the deputy manager and staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place. The deputy manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The deputy manager confirmed that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Nine completed questionnaires were returned to RQIA from residents and resident's representatives. One questionnaire was responded to electronically. 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 governance arrangements and 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 provider 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 DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> First time <b>To be completed by:</b> 24 November 2017	<p>The registered person shall ensure a record is kept of staff working over a 24 hour period and the capacity in which they worked.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> All records has been updated</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time <b>To be completed by:</b> 23 January 2018	<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><b>Response by registered person detailing the actions taken:</b> New Book has been put in place and audit being done</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 29.1 <b>Stated:</b> First time <b>To be completed by:</b> 14 December 2017	<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><b>Response by registered person detailing the actions taken:</b> All recommendation has been addressed and has been recorded</p>
<b>Area for improvement4</b> <b>Ref:</b> Standard 29.6 <b>Stated:</b> Second time <b>To be completed by:</b> 14 December 2017	<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><b>Response by registered person detailing the actions taken:</b> New spread sheet has been put inplace and signed</p>

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



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