

Unannounced Care Inspection Report 26 January 2017



Clairville

Type of service: Residential care home
Address: 62 Bann Road, Rasharkin, BT44 8SZ
Tel no: 0282954 1139
Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Clairville Residential Home took place on 26 January 2017 from 11:00 to 17:30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

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

One recommendation relating to the review and updating of the homes safeguarding policy and procedure has been stated for a second time.

Is care effective?

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

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, and maintaining good working relationships.

One recommendation was made in regards to the systematic updating of the homes policies and procedures on a three yearly basis or more frequently should the need arise.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Veronica Reid 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 7 June 2016.

2.0 Service details

Registered organisation/registered person: Clairville	Registered manager: Mrs Veronica Reid
Person in charge of the home at the time of inspection: Mrs Veronica Reid	Date manager registered: 1 April 2005
Categories of care: 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

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the last care inspection, the returned Quality Improvement Plan (QIP) and the previous inspection report.

During the inspection the inspector met with nine residents, three care staff, three resident's visitors/representatives, and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records

- Two staff recruitment files
- Three resident’s care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls), environment, personal care delivered
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents’ meetings
- Evaluation report from annual service user quality assurance survey
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policies and procedures manual

A total of 30 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. 25 questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection

The most recent inspection of the home was an announced finance inspection. The completed QIP was returned and approved by the finance inspector. This QIP will be validated by the finance inspector at the next finance inspection.

4.2 Review of requirements and recommendations from the last care inspection

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20.(1) (a) Stated: First time To be completed by: 17 June 2016	The registered provider must undertake a review of staffing levels without delay to ensure staffing levels are maintained at a suitable level to meet the needs of residents at all times. Action taken as confirmed during the inspection: The registered manager confirmed staffing levels had been reviewed and adjusted accordingly to meet the needs of the residents.	Met
Requirement 2 Ref: Regulation 30.(1) (a)	The registered provider must give notice without delay of the occurrence of the death of any resident, including the circumstances of his death.	Met

<p>Stated: First time</p> <p>To be completed by: 7 July 2016</p>	<p>Action taken as confirmed during the inspection: Review of records maintained showed that RQIA had been informed accordingly.</p>	
<p>Requirement 3</p> <p>Ref: Regulation 15.(2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 7 August 2016</p>	<p>The registered provider should ensure that the assessments of residents needs are accurate and kept under review.</p> <p>Action taken as confirmed during the inspection: Three care records reviewed showed assessments were regularly reviewed and maintained on an up to date basis.</p>	Met
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p> <p>To be completed by: 7 August 2016</p>	<p>The registered provider should ensure the training needs of individual staff for their roles and responsibilities should be identified and arrangements put in place to meet those needs.</p> <p>Action taken as confirmed during the inspection: Training and competency records were reviewed for four staff, these were completed accordingly.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 7 August 2016</p>	<p>The registered provider should update the homes adult safeguarding policy and procedure to reflect the new regional adult safeguarding guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 and include plans to identify a safeguarding champion.</p> <p>Action taken as confirmed during the inspection: The homes safeguarding policy and procedure had been updated, however it did not include all relevant information. The recommendation has been partially met, and has been stated for a second time in the QIP appended to this report.</p>	Partially Met

<p>Recommendation 3</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 7 August 2016</p>	<p>The registered provider must make arrangements to ensure staff complete all mandatory training as needed within the specified timescales.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of mandatory training records and discussion with staff confirmed that staff mandatory training was up to date.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 7 August 2016</p>	<p>The registered provider should ensure that staff meetings are held at least quarterly and more frequent if required.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of minutes of staff meetings and discussion with staff confirmed that meetings were being held on a regular basis.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 17.1</p> <p>Stated: First time</p> <p>To be completed by: 7 September 2016</p>	<p>The registered provider should ensure the homes complaints policy is updated to reflect relevant legislation and DHSSPS guidance on complaints handling.</p> <hr/> <p>Action taken as confirmed during the inspection: The complaints policy had been updated accordingly.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 20.8</p> <p>Stated: First time</p> <p>To be completed by: 7 July 2016</p>	<p>The registered provider should ensure that the residents register is maintained on an up to date basis.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of the register showed that it was maintained on an up to date basis. The registered manager confirmed a system had been introduced to monitor this.</p>	<p>Met</p>

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home. The dependency levels of residents were discussed, this issue had been raised during the previous inspection. On the day of the inspection the registered manager confirmed arrangements had been made to increase staffing levels in the home from 5pm onwards. The registered manager confirmed staffing levels would be continually kept under review to meet the needs of the residents in the home. No concerns were raised by staff regarding staffing levels on the day of inspection.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided.

The registered 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. A sample of four completed staff competency and capability assessments were reviewed and found to be satisfactory.

The homes recruitment and selection policy and procedure was reviewed during the previous inspection and it complied with current legislation and best practice. No changes have been made. Discussion with the registered manager and review of two staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice. Arrangements were in place to monitor the registration status of staff with their professional body.

An adult safeguarding policy and procedure was in place. During the previous inspection a recommendation was made for this to be reviewed and updated. The recommendation was partially met and has been stated for a second time in the QIP. The registered manager confirmed that there were plans in place to implement the new adult safeguarding procedures (relating to the establishment of a safeguarding champion).

Discussion with staff confirmed that they were aware of the new 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 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 registered manager confirmed there had been no recent safeguarding investigations. The registered manager confirmed that 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.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Placement reviews were ongoing. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

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

Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered 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.

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 registered 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. Discussion with the registered 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 25 February 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually.

The most recent fire drill was completed in October 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Twenty five completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- Very good home

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

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

A review of three care records confirmed that these were maintained in line with the legislation and standards. 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. Discussion with staff confirmed that a person centred approach underpinned practice. For example residents are supported to make choices regarding their daily lives including rising and retiring times, meals, activities, relaxing in their rooms or mixing with the group.

The registered manager confirmed 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 are reviewed monthly, audits on accidents and incidents (including falls), environment, and personal care delivered to residents were also available for inspection. Any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the annual quality report. The registered manager confirmed the current report was due to be completed this shall be reviewed at the next inspection. The previous report from December 2015 was available for inspection.

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

Residents and their representatives 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, the most recent meeting was held in November 2016.

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.

Twenty five completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The registered 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 their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

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 daily menu, and activities were displayed in a central part of the home.

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives 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 for example by knocking on residents' bedrooms door before entering.

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

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.

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, satisfaction surveys etc.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report IN December 2015 which was made available for residents and other interested parties to read. This was displayed on the notice board in a central part of the home.

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 watching classic movies, quizzes, and pampering sessions including having hair and nails done. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example social gathers are arranged at regular intervals including Halloween and Christmas parties where families and friends are invited to the home.

Residents and resident's representatives spoken with during the inspection made the following comments:

- "We are well looked after here, too well looked after. Everyone is very kind. The food is great."
- "I am very happy here, the staff are good. I have whatever I need."
- "It is very nice."
- "I am very happy here, everyone is so kind. I enjoy reading, as long as I have my books. The food is lovely and I have a great view."
- "I find the home to be very welcoming and comfortable. Staff are very helpful, there is always someone about. The home is nice and clean it is always warm."
- "The staff couldn't be better, we are kept well informed of any changes. You always get a cup of tea when you come in which is nice".
- "This is a real home from home."

Twenty five completed questionnaires were returned to RQIA from residents, residents representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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. A recommendation was made that policies and procedures should be systematically reviewed every three years or more frequently as changes occur.

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 on bedroom doors. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. There were no new complaints 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.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

Discussion with the registered manager 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. In addition to mandatory training staff completed training in dementia awareness, falls prevention and management, and continence management.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with the registered provider identified that they had understanding of their role and responsibilities under the legislation. They confirmed that they were present in the home on a day to day basis and were fully aware of events and procedures in the home.

The registered 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 and employers liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place. The registered 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 registered 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.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Twenty five completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- All good. Always offered a cup of tea or coffee.
- My mother is very happy and content.
- Couldn’t wish for a better care service for my mother.
- Our family considers the home very well run with friendly, considerate, helpful staff.

Areas for improvement

One area for improvement was identified in relation to the systematic updating of the homes policies and procedures on a three yearly basis or more frequently should the need arise.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the 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 provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's office for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 26 June 2017</p>	<p>The registered provider should ensure the systematic updating of the homes policies and procedures on a three yearly basis or more frequently should the need arise.</p>
	<p>Response by registered provider detailing the actions taken: Ongoing.</p>
<p>Recommendation 2</p> <p>Ref: Standard 16.1</p> <p>Stated: Second time</p> <p>To be completed by: 26 April 2017</p>	<p>The registered provider should update the homes adult safeguarding policy and procedure to reflect the new regional adult safeguarding guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 and include plans to identify a safeguarding champion.</p>
	<p>Response by registered provider detailing the actions taken: Updated.</p>



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