



Secondary Unannounced Care Inspection

Name of Service and ID: Craigdene (1126)
Date of Inspection: 24 September 2014
Inspector's Name: John McAuley
Inspection ID: IN017545

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Service:	Craigdene (1126)
Address:	24a Trench Road Waterside Londonderry BT47 3UB
Telephone number:	02871342147
E mail address:	grahamgwilkinson@gmail.com
Registered Organisation/ Registered Provider:	Charline Care Homes Ltd
Registered Manager:	Mr Michael Brothers
Person in charge of the home at the time of inspection:	Mr Michael Brothers
Categories of care:	RC-LD ,RC-LD(E)
Number of registered places:	13
Number of residents accommodated on Day of Inspection:	1 plus 12 residents at day care placements
Scale of charges (per week):	£461
Date and type of previous inspection:	19 December 2014 Primary Announced
Date and time of inspection:	24 September 2014 10.15am – 2.30pm
Name of Inspector:	John McAuley

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered provider and the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with one resident and staff
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard: 9 Health and Social Care.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Craigdene Residential Care home is situated in the Trench Road in a rural location outside the city of Londonderry.

The residential home is owned and operated by Mr Graham Wilkinson. The registered manager is Mr Michael Brothers who has been recently appointed to this position.

The home is on the same site as Fairview Residential Care home, which is also owned and operated by Mr Graham Wilkinson.

Accommodation for residents is provided for in eleven single and one double room accommodation over two floors. Access to the first floor is via a stair lift and stairs.

Communal lounges and a dining area are provided in the ground floor level.

The home also provides for catering and laundry services on the ground floor level.

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of thirteen persons under the following categories of care:

Residential care –

- LD – Learning Disability
- LD(E) – Learning disability – over 65 years.

7.0 Summary of inspection

This secondary unannounced care inspection of Craigdene Residential Care home was undertaken by John McAuley on 24 September 2014 between the hours of 10:15am and 2:30pm. The registered manager Mr Michael Brothers was available during the inspection and for verbal feedback at the conclusion of the inspection. The registered provider Mr Graham Wilkinson was also available for discussion, as he was visiting the home as part of his day to day management.

The one requirement made as a result of the previous inspection was also examined. There was evidence that the home has addressed this requirement as required within the timescales specified. The detail of the actions taken by the registered provider can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard 9 of the DHSSPS Residential Care homes Minimum Standards on Health and Social Care. Review of this standard found there were processes in place to ensure the effective management of the standard inspected. A review of residents' care records found that issues of assessed need had a corresponding statement of care / treatment given and effect of same. This included referral to the aligned healthcare professional, as appropriate. Discussions with the registered manager and staff on duty, confirmed that they had good knowledge and understanding of residents needs and of the prescribed interventions. During discussions, examples of good practice interventions were given, which had a positive outcome on the resident's health and social well-being. This standard was overall assessed as compliant.

During the inspection the inspector met with one resident who was the only resident in the home and staff, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with this resident he / she indicated that that he / she was happy and content with his / her life in the home, with the facilities and services provided and his / her relationship with staff.

Staff spoke positively about their roles and duties, stating that they felt a good standard of care were provided for. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 10.0 of the main body of the report.

The home was clean and tidy throughout with a good standard of décor and furnishings being maintained.

No requirements and no recommendations were made as a result of the secondary unannounced inspection.

The inspector would like to thank the residents and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 19 December 2014

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	27 (2) (t)	<p>The registered person shall, having regard to the number and needs of the residents, ensure that –</p> <p>(t) a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>Reference to this is made in respect of ensuring an individual risk assessment is put in place of all radiators / hot surfaces, in accordance with current safety guidelines with subsequent appropriate action.</p>	An individual risk assessment has been put in place of all radiators / hot surfaces.	Compliant

9.0 Standard 9

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.1 The home has details of each resident’s General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings:	
A review of residents’ care records confirmed that the details of each resident’s GP and aligned healthcare professionals were recorded. Assistance is in place, for those residents who need to register with a new GP and / or healthcare professional.	Compliant
Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	COMPLIANCE LEVEL
Inspection Findings:	
Discussions with staff on duty confirmed that they had knowledge and understanding of residents’ needs and practices and interventions prescribed. This knowledge and understanding was found to correspond with the assessments and care plans reviewed. Further to this, the registered manager described examples of positive interventions with residents that promoted their core values of choice and fulfilment. There were individual assessments in place of residents’ continence care needs, and general observations of this specific area of care identified no obvious concerns in relation to same	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings:	
A review of residents' care records confirmed that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referrals to the aligned health care professional(s). Discussions with the registered manager in relation to specific residents' needs revealed good knowledge of the prescribed plan of care in place.	Compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings:	
Evidence was in place to confirm that the resident's representative is provided with feedback from health and social care appointments and any follow up care required. This evidence was recorded in a contact record with the resident's representative and also in the resident's progress records.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: A record is maintained of each resident's contact with their aligned health care professional(s). There was also evidence in place to confirm that referrals are made as necessary to the appropriate service.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: General observations of residents' aids, appliances and equipment found these were maintained in good order. One resident raised an issue of being able to use the stair lift to and from the first floor. This was discussed with the registered manager who confirmed the plan of care in place for same and reassured that same would be kept under review in accordance with the resident's health care needs.</p>	<p align="center">Compliant</p>

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

There was only one resident in the home at the time of this inspection. The other residents were out at their respective day care placements.

The one resident, who the inspector met, spoke with satisfaction with regard to his / her life in the home, with the facilities and services provided and their relationship with staff.

No concerns were expressed or indicated.

10.2 Relatives/representative consultation

There were no visiting relatives in the home at the time of this inspection.

10.3 Staff consultation

The inspector spoke with three members of staff of various grades on duty. Discussion with staff identified that they were supported in their respective roles, and that they felt a good standard of care was provided for.. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

No concerns were expressed.

10.4 Visiting professionals' consultation

There were no visiting professionals in the home at the time of this inspection.

10.5 Environment

The home was clean and tidy throughout, with a good standard of décor and furnishings being maintained.

Residents' facilities were found to be comfortable and accessible to avail of.

Residents' bedrooms were observed to be homely and personalised.

The grounds of the home were very well maintained and had good accessibility for residents to avail of.

10.6 Care practises

Observations of care practices found that the one resident in the home was treated with dignity and respect. This resident was found to be comfortable, at ease and fulfilled in his / her environment and interactions with staff.

General observations at the time of this inspection, together with discussions with staff confirmed that there were no obvious restrictive type practices in the home and that residents' rights were being duly met.

Quality Improvement Plan

The findings of this inspection were discussed with Mr Michael Brothers as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider / manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquires relating to this report should be addressed to:

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



No requirements or recommendations resulted from the unannounced inspection of Craigdene which was undertaken on 24 September 2014 and I agree with the content of the report. Return this QIP to care.team@rqia.org.uk.

Please provide any additional comments or observations you may wish to make below:

NAME OF REGISTERED MANAGER COMPLETING	Michael Brothers
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Graham Wilkinson

Approved by:	Date
John McAuley	12/11/14