



The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Craighene**

05 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of inspection

An unannounced care inspection took place on 5 January 2016 from 10.30am to 1.15pm. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met.

One area of improvement was identified and is set out in the Quality Improvement Plan (QIP) appended to this report. This was in relation to the maintenance of residents' progress records.

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

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

The details of the QIP within this report were discussed with the Michael Brothers, the registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/ Registered Person: Gordon Graham Wilkinson	Registered Manager: Michael Brothers
Person in charge of the home at the time of inspection: Michael Brothers	Date manager registered: 22 October 2015
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 13
Number of residents accommodated on day of inspection: None as all residents were out at their respective day care placements	Weekly tariff at time of inspection: £470

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

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

4. Methods/ processes

Prior to inspection we analysed the following records: the previous inspection report and notifications of incidents and accidents.

We met with two members of staff and the registered manager. Verbal feedback of the findings of the inspection was given to the registered manager.

We inspected the following records: three residents' care records, complaints records, record of residents meetings, accident and incident records and quality assurance documentation.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 14 May 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 14.3	The assessment of the spiritual care of the resident needs to be revised in explicit detail.	Met
	Action taken as confirmed during the inspection: The home's policy and procedure on death and dying has been revised. This policy and procedure as a consequence has taken account of the assessment of spiritual care of the resident and has been revised accordingly.	
Recommendation 2 Ref: Standard 23.4	Staff should be provided with training in death and dying.	Met
	Action taken as confirmed during the inspection: All staff have been trained in the home's revised policy and procedure on death and dying.	

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

Is care safe? (Quality of life)

The registered manager confirmed that residents' views are taken into account in all matters affecting them in so far as practically possible.

Through discussion with the staff they reported to us that their views were actively sought and incorporated into practice.

Informal residents' meetings are held on a regular basis. Residents' views and wishes were actively sought and recorded.

Care records inspected in regard to this standard with focus on reviews, demonstrated to us that these were up to date and kept under continual review to reflect the changing needs and preferences of the residents.

Is care effective? (Quality of management)

We found that there was a range of methods and processes in place where residents' and their representatives' views were sought. These were reflected within the care management reviews, residents' meetings and the registered provider monthly visits.

The registered manager confirmed that there was an open door policy within the home for residents and relatives who wished to highlight any issues.

The registered manager was unable to obtain the annual quality assurance document for 2015 as completed by the registered person. It was agreed that this would be forwarded on to us, together with the last registered provider's monitoring visit report.

Copies of review forms were present within each care record. Residents and their representatives attended and participated in their care management review. Evidence was in place that any agreed actions at these meetings were acted upon.

Is care compassionate? (Quality of care)

Discussion with staff demonstrated that they were knowledgeable about residents' needs and a person centred approach was adopted. In our discussions with staff we identified that residents were listened and responded to by staff. Staff gave examples on how this was met, such as meeting residents' social interests and activities.

Areas for improvement

There were no issues of improvement identified with this standard. This standard was found to be met and considered to be safe, effective and compassionate.

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

5.4.1 Residents' views

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

5.4.2 Staff views

We spoke with two staff members of various grades, in addition to the registered manager. Staff advised us that they felt supported in their respective roles and that they felt a good standard of care was provided. Staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents.

5.4.3 General environment

We found that the home presented as clean and tidy. Décor and furnishings were found to be of a good standard.

Residents' bedrooms were comfortable and nicely facilitated with personal memorabilia and artefacts.

5.4.4 Accident / incident reports

An inspection of accident/incident reports from 1 September 2015 to the date of this inspection was undertaken. These reports were found to be managed and reported appropriately.

5.4.5 Care records

Three residents' care records were reviewed on this occasion, with particular focus on residents' progress records.

There was found to be a number of entries where the terminology and wording used was not professional and more personally judgemental. These statements were highlighted to the registered manager, who had already instigated this issue with staff at a meeting on 16 November 2015. A number of entries referred to behaviours as being "aggressive" and "very challenging" but on discussions with the registered manager the terminology used was over estimated in terms of the resident's actual behaviour. A requirement was made to implement a review with staff on how progress records are maintained. This review needs to ensure that issues of residents' assessed needs are clearly and accurately recorded with a statement of care/treatment given and effect of same.

Areas for Improvement

There was one area of improvement identified with these additional areas examined. This was in relation to the maintenance of residents' progress records.

Number of requirements:	1	Number of recommendations:	0
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6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Michael Brothers, the registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/ manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/ manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 19(1)(a) Schedule 3 (3)(k)

Stated: First time

To be completed by:
5 April 2016

A review must be implemented with staff on how progress records are maintained. This review needs to ensure that issues of residents' assessed needs are clearly and accurately recorded with a statement of care/ treatment given and effect of same.

The review must also examine the terminology and wording used in the progress records.

Response by Registered Person(s) detailing the actions taken:

Existing records have been reviewed by the Registered Manager and the Registered Person.

A workshop has been devised to train / update staff in recording best practice.

A copy of the workshop material has been forwarded to the Inspector for comment if appropriate.

The workshops will be led by the Registered Manager with groups of 3 – 4 members of staff at a time.

The first workshop is to take place today, 3 February 2016.

All staff will have undertaken the workshop by 19 February 2016.

The Registered Manager will review the recording by staff on an ongoing basis over the next 3 months, including giving an assessment and feedback to individual members of staff at 4, 8 & 12 week intervals after their attendance at the workshop. That assessment & feedback will be recorded on the training records of each member of staff.

Registered Manager completing QIP	Michael Brothers	Date completed	3.2.2016
Registered Person approving QIP	Graham Wilkinson	Date approved	3.2.2016
RQIA Inspector assessing response	John McAuley	Date approved	4.2.2016

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address