



The Regulation and
Quality Improvement
Authority

Craigdene
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**Unannounced Care Inspection
of
Craigdene**

14 May 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced inspection took place on 14 May 2015 from 10am to 1:45pm. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

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	0	2

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

2. Service Details

Registered Organisation/Registered Person: Craigdene – Mr Graham Wilkinson	Registered Manager: Mr Michael Brothers (Acting)
Person in Charge of the Home at the Time of Inspection: Mr Michael Brothers	Date Manager Registered: N/A
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	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 14: The Death of a Resident is Respectfully Handled as They Would Wish.

Theme: Residents Receive Individual Continence Management and Support.

4. Methods/ Process

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

- Prior to inspection we analysed the following records; notification reports and previous inspection report.
- During the inspection we met with one resident, two staff and the registered manager.
- We inspected the following records; residents' care records, accident / incident reports, complaints and compliment records, fire safety records, policies and procedures and aligned guidance available to standards inspected.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the Craigdene was an unannounced pharmacy inspection dated 13 May 2014. The completed QIP was returned and approved by the pharmacist inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

No requirements or recommendations resulted from the unannounced inspection of Craigdene which was undertaken on 24 September 2014.

5.3 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

Is Care Safe? (Quality of Life)

Residents can and do spend their final days of life in the home. This is unless there is a documented health care need that prevents this.

In our discussions with staff they advised us that they considered the care as compassionate. The registered manager explained how with the resident's wish, other residents and staff who wished to comfort a resident who was dying were enabled to. The registered manager also explained that other residents and staff are informed in a sensitive manner of the death of a resident. Other residents and staff have the opportunity to pay respect and are provided with support if needed.

Our discussions with the registered manager confirmed that when the death of a resident occurs, their belongings are handled with care and respect. The room is permitted to be vacant. The resident's next of kin or family take the lead in dealing with the deceased resident's belongings at a sensitive and convenient time after the burial.

We reviewed a sample of compliment letters and card. Two of these were received from families of deceased residents. In these correspondences there were nice messages of praise and gratitude for the compassion and kindness received during this period of care.

The spiritual needs of the resident were found not to be fully assessed, in that it simply identified the resident's religion. A recommendation was made for the resident's spiritual needs to be suitably assessed, in respect of wishes and contact details.

Is Care Effective? (Quality of Management)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

A care plan is put in place for each resident who is receiving palliative care by district nurses.

We reviewed residents' care records and could confirm that death and dying arrangements were assessed but further explicit detail is needed to be put in place in terms of spiritual arrangements.

Is Care Compassionate? (Quality of Care)

The home is developing policies and procedures pertaining to terminal and palliative care and the death of a resident, as confirmed from correspondence from the registered provider. These policies and procedures will guide and inform staff on this area of care.

We noted that staff had not received specific formal training in this area of care. A recommendation was made for such training to be put in place. This training could also be disseminated to other staff members during their induction and at staff meetings.

In our discussions with staff they demonstrated that they had knowledge and understanding how to care for this area of need.

Areas for Improvement

There were two areas of improvement identified with this standard inspected. These were in relation to recording of explicit details in respect of spiritual arrangements and staff training. However the overall assessment considered this standard to be compassionate, safe and effective.

Number of Requirements	0	Number of Recommendations:	2
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5.4 Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

In our discussions with staff they also demonstrated knowledge and understanding of this area of care. Staff had received training in continence management.

We reviewed residents' care records and found that an individualised assessment and plan of care was in place. Issues of assessed needs are referred to district nursing services. Following this the district nurse in consultation with the resident and the home prescribes a plan of care. This plan of care includes provision of incontinence aids.

From our observations we found there to be adequate supplies of aprons, gloves and hand washing dispensers.

In our discussions with staff, general observations together with a review of care records we identified no mismanagement of this area of care, such as malodours or breakdown of skin integrity.

Is Care Effective? (Quality of Management)

The home has policies and procedures pertaining to the management of continence. There are also associated guidance and information available for staff.

Identified issues of assessed need are reported to the district nursing services, for advice and direction.

Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Continence care was undertaken in a discreet private manner.

Areas for Improvement

There were no areas of improvement identified with this standard inspected. The overall assessment of this standard considered this standard to be compassionate, safe and effective.

Number of Requirements	0	Number Recommendations:	0
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5.5 Additional Areas Examined

We met with one resident in the home at the time of this inspection. All the other residents were in attendance at their aligned day care settings. This resident expressed that he / she was happy with his / her life in the home, his / her relationship with staff, and the provision of meals.

Some of the comments made included statements such as;

“I love it here. It couldn’t be any better.”

5.4.2 Relatives’ Views

There were no visiting relatives interviewed during this inspection.

5.4.3 Staff Views

We met with two members of staff. Both spoke positively about their roles and duties, staff morale, teamwork and managerial support. Both informed us that they felt a good standard of care was provided and they had the necessary resources and skills to provide for.

Ten staff questionnaires were distributed during this inspection for return.

5.4.4 General Environment

We found that the home was clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were of a good standard.

Residents’ bedrooms were personalised with choice of furnishings and personal artefacts.

5.4.5 Accident / Incident Reports

We reviewed these reports from the previous inspection and found these to be appropriately managed and reported.

5.4.6 Care Practices

Throughout our discreet observations of care practices we evidenced the one resident being treated with dignity and respect. Staff interactions with the resident was found to be polite, friendly, warm and supportive.

A homely atmosphere was in place with this resident being comfortable, content and at ease.

5.4.7 Fire Safety

Fire safety training including fire safety drills were maintained on an up to date basis.

At the time of this inspection we observed no obvious risks within the environment in terms of fire safety, such as wedging opening of doors or inappropriate storage in the electrical switch room.

Areas for Improvement

There were no areas of improvement identified with these additional areas examined.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Michael Brothers 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, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS 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 or RQIA's office (non- paperlite) and assessed by the inspector.

A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 14.3 Stated: First time To be Completed by: 14 August 2015	The assessment of the spiritual care of the resident needs to be revised in explicit detail.		
	Response by Registered Person(s) Detailing the Actions Taken:		
Recommendation 2 Ref: Standard 23.4 Stated: First time To be Completed by: 14 August 2015	Staff should be provided with training in death and dying.		
	Response by Registered Person(s) Detailing the Actions Taken:		
Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response		Date Approved	

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

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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.