

# Unannounced Care Inspection Report 7 March 2017



## Clanyrye

**Type of service: Residential Care Home**  
**Address: 128 Glenarm Road, Larne, BT40 1DZ**  
**Tel No: 028 2827 5701**  
**Inspectors: John McAuley and Jo Browne**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Clanrye took place on 7 March 2017 from 10:10 to 13:15 hours.

The inspection sought to assess progress with any issues raised during the last care inspection on 8 September 2016.

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
<b>Total number of requirements and recommendations made at this inspection</b>	3	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jennifer Moore, 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.

## 1.2 Actions/enforcement taken following the most recent inspection

There were no further actions required to be taken following the most recent medicines management inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Heather Leo	<b>Registered manager:</b> Heather Leo
<b>Person in charge of the home at the time of inspection:</b> Jennifer Moore deputy manager	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> I - Old age not falling within any other category MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 17

### 3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection reports and accident and incident notifications.

During the inspection the inspector met with fourteen residents, three members of staff of various grades and the deputy manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff training schedule/records
- Two residents' care files
- Complaints and compliments records
- Audits of infection prevention, cleaning and the environment
- Accident/incident/notifiable events register
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 24 November 2016

The most recent inspection of the home was an unannounced medicines management inspection. No requirements or recommendations were made as a result of this inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 8 September 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 21 Schedule 2 (3) <b>Stated:</b> First time <b>To be completed by:</b> 15 September 2016	<p>The registered provider must ensure that two written references are obtained for all applicants prior to commencing employment. One must be from their present or most recent employer. The references must be retained within the employee's personnel file.</p> <p><b>Action taken as confirmed during the inspection:</b>            The deputy manager reported that no new members of staff had been recruited since the previous inspection. Therefore it was not possible to review this requirement on this occasion. This requirement will be carried forward to the next care inspection.</p>	<b>This requirement will be carried forward to the next care inspection</b>

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 27 (2) d</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 8 November 2016</p>	<p>The registered provider must implement infection prevention and control audits. In implementing these, there needs to be a clear action plan put in place with results from these audits.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>These audits had been put in place.</p>	<b>Met</b>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 15 (1) c</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 November 2016</p>	<p>The registered provider must ensure that assessments of residents' needs are accurate, up to date and made in consultation with the resident and or their representative.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>This was confirmed to be in place.</p>	<b>Met</b>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 November 2016</p>	<p>The registered provider must ensure that a comprehensive detail care plan is in place based on the resident's assessed needs. Care plans must detail of prescribed care interventions and made in consultation with the resident and or their representative.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>This was confirmed to be in place.</p>	<b>Met</b>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Requirement 27 (2) c</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 October 2016</p>	<p>The toilet seats need to be proper fitting and made good.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The identified seats have been made good.</p>	<b>Met</b>
<b>Last care inspection recommendations</b>	<b>Validation of compliance</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 16.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 October 2016</p>	<p>The registered provider should revise and update the policy and procedure on safeguarding to include the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and the establishment of a safeguarding champion.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> This policy and procedure had been revised and updated with a safeguarding champion established.</p>	
<p><b>Recommendation 2</b> <b>Ref:</b> Standard 16.2 <b>Stated:</b> First time <b>To be completed by:</b> 8 October 2016</p>	<p>The registered provider should put the safeguarding policy and procedure in the programme of induction for newly appointed staff.</p> <p><b>Action taken as confirmed during the inspection:</b> This policy and procedure has been included in the induction programme for newly appointed staff.</p>	<b>Met</b>
<p><b>Recommendation 3</b> <b>Ref:</b> Standard 20.15 <b>Stated:</b> Second time <b>To be completed by:</b> 15 September 2016</p>	<p>The registered provider should revise the format of recording untoward events to clearly record who was notified of the event such as the resident's next of kin and social worker / aligned care manager. This should also include the date and time all relevant parties were informed.</p> <p><b>Action taken as confirmed during the inspection:</b> An inspection of the accident / incident records confirmed that this information was now included in the reports.</p>	<b>Met</b>

### 4.3 Inspection findings

The deputy manager confirmed 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 and staff.

The deputy manager reported that there have been no new members of staff recruited since the previous inspection and that staffing in the home is stable, with a low turnover of staff. Therefore the previous requirement made in relation to ensuring two written references are obtained for all staff prior to commencing employment could not be evidenced during this inspection. This requirement will be carried forward to the next care inspection.

The adult safeguarding policy and procedure was revised to include the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and the establishment of a safeguarding champion.

An inspection of staff training records confirmed that mandatory training was being provided on an up to date basis including training in adult safeguarding training.

A programme of redecoration had taken place in areas throughout the home and this had a positive effect in many areas. The home was found to be generally clean and tidy.

One bedroom, identified to the deputy manager, was in need of high level dusting for which a recommendation was made.

A requirement was made for all bed mattresses to be examined in terms of comfort and subsequent action taken. Five mattresses in bedrooms, identified to the deputy manager, were found to be worn with lack of comfort. These mattresses must be replaced. Included in this requirement was to examine all pillows as the pillows in an identified bedroom also needed to be replaced due to being heavily stained.

The ground floor corridor had areas that were uneven and posed a trip hazard. A requirement was made for this flooring to be made good.

Inspection of the premises confirmed that there were adequate supplies of disposable gloves, aprons, liquid soap and alcohol hand gels. Advice was given to include areas of chipped paintwork in the audits of infection prevention and control, with subsequent action, such as the handrails in the corridor.

Inspection of staff training records confirmed that staff completed fire safety training twice annually, with the last training being in 14 February 2017. 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 regularly. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

The external exit to the laundry room was obstructed due to old furnishings. A requirement was made for this to be removed, particularly in lieu of fire safety.

An inspection of a sample of two residents' care records confirmed that these were generally maintained in line with the legislation and standards. They included an assessment of needs, life history, risk assessments, care plans and reviews of care. Records were cumbersome in that there was excess amount of storage of information, together with assessments that needed reviewed and/or discontinued. Discussions with the deputy manager confirmed she had already identified issues within the care records and had plans in place to address these. She acknowledged the advice given by the inspectors in relation to this. As the deputy manager had outlined her implementation plan, no recommendations were made on this occasion.

Records were stored safely and securely in line with data protection.

At the time of this inspection residents were found to be comfortable, content and at ease in the home. A small group of residents partook in an exercise activity and there was a nice atmosphere in place with residents enjoying the company of others. The genre of music played for residents was appropriate to their age group and tastes, which added to the overall atmosphere in the home.

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

The inspectors met with fourteen residents in the home at the time of this inspection. All confirmed that they were happy with their life in the home, their relationship with staff and the provision of meals. Some of the comments made included statements such as;

- "I wouldn't want to live anywhere else"
- "They are all great here"

- “It’s a home from home”
- “I love it here, I am very happy”

The deputy manager confirmed that 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.

An inspection 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.

An inspection of the record of complaints together with discussions with the deputy manager confirmed that such expressions are taken serious and appropriately managed.

The deputy manager is currently undertaking the QCF level five qualification in management and discussions found that she is keen and enthusiastic to implement learned knowledge from this into the home.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

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

### **Areas for improvement**

Four areas of improvement were identified. These related to the environment, with the quality of mattresses and pillows, corridor flooring, obstruction of an exit door and high dusting.

<b>Number of requirements</b>	3	<b>Number of recommendations</b>	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 Jennifer Moore, deputy 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 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**

05 MAY 2017

IMPROVEMENT AUTHORITY

**statutory requirements**

<p><b>Requirement 1</b> Ref: Regulation 18(2) (c) Stated: First time To be completed by: 7 April 2017</p>	<p>The registered provider must examine all bed, mattresses and pillows to ensure these are fit for purpose, with subsequent appropriate actions. The mattresses and pillows in the identified rooms must be replaced.</p>
<p><b>Requirement 2</b> Ref: Regulation 27(2) (b) Stated: First time To be completed by: 7 May 2017</p>	<p><b>Response by registered provider detailing the actions taken:</b> Completed 28/3/17</p>
<p><b>Requirement 3</b> Ref: Regulation 27(4) (c) Stated: First time To be completed by: 8 March 2017</p>	<p>The registered provider must ensure that all external exits are free from obstruction at all times.</p> <p><b>Response by registered provider detailing the actions taken:</b> Completed.</p>
<p><b>Recommendations</b></p>	
<p><b>Recommendation 1</b> Ref: Standard 27.1 Stated: First time To be completed by: 14 March 2017</p>	<p>The registered provider should ensure that the identified bedroom receives high level dusting.</p> <p><b>Response by registered provider detailing the actions taken:</b> Completed.</p>



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