

Inspection Report

7 March 2022



Clanrye

Type of Service: Residential Care Home
Address: 128 Glenarm Road, Larne, BT40 1DZ
Tel no: 028 2827 5701

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service details

Registered Provider: Clanrye Registered Person: Mrs Heather Margaret Leo	Registered Manager: Mrs Jennifer Moore Date registered: 11 November 2020
Person in charge at the time of inspection: Mrs Jennifer Moore	Number of registered places: 17
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential home on the day of this inspection: 15
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 17 residents. The home is over three floors, with shared living and dining spaces on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 7 March 2022, from 12pm to 4.10pm by two care inspectors.

RQIA received information on 9 February 2022 which raised concerns regarding the delivery of safe, effective, compassionate and well led care in the home. In response to this information, RQIA decided to undertake an inspection which focused on the concerns raised.

On arrival to the home, the manager advised that they were currently experiencing an outbreak of COVID. It was agreed that a focused inspection would proceed.

There was a calm and positive atmosphere in the home; we commended the manager on this, as while staff were clearly working hard and under pressure due the outbreak of illness, we did not observe this negatively impacting the residents. Staff continued to attend to residents in a timely, patient, organised and friendly manner.

The residents we met with were content and did not raise any concerns, telling us they felt looked after, and were content enjoying each other's company.

One new area for improvement was identified regarding the recording of resident's skin checks by staff.

RQIA were assured that the delivery of care and service provided in Clanrye was safe, effective, and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Jennifer Moore, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

We met with eight residents both individually and in groups. Residents told us they felt looked after, and described the staff as good and kind. Residents were aware of the outbreak and confirmed that they felt staff were doing their best to keep them safe and free from infection.

Four staff were spoken with during the inspection. Staff demonstrated good knowledge of individual resident's needs, wishes and preferences. Staff stated that although they were busy, they felt there were enough staff working in the home to meet residents' needs. Management were described as supportive, and staff felt there was good team work in the home.

No additional feedback was received from residents, their relatives or staff, following the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last care inspection on 16 November 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19.-(1) (a) and Schedule(3) (k) Stated: Second time	The registered person shall ensure that residents' care records are maintained in accordance with regulations, the care standards and professional standards set out for social care workers by NISCC. Ref: 5.1 and 5.2.2	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2021		Validation of compliance
Area for improvement 1 Ref: Standard 4.6 Stated: First time	The registered person shall ensure that residents' written agreements are updated to show the current fee paid by, or on behalf of, residents.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.	

<p>Area for improvement 2</p> <p>Ref: Standard 15.12</p> <p>Stated: First time</p>	<p>The registered person shall implement a system for recording the reconciliations (at least quarterly) of the bank account for which two residents' social security benefits are paid into. The reconciliation should be recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 15.12</p> <p>Stated: First time</p>	<p>The registered person shall implement a system to show a breakdown of the monies withdrawn from the residents' bank account and deposited into the business bank account e.g. the amount owed from the benefits towards the residents' fees and the amount of personal allowance monies belonging to the two residents.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 15.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a record is maintained of the amount of personal allowance monies owed to the two residents, identified during the inspection, from the last hand over at the end of February 2020. Once agreed with the Health and Social Care Trust, RQIA should be informed of the date the backdated monies have been handed over to the residents.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the management of residents' finances are periodically included in the monthly monitoring audits (at least every three months).</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>		

<p>Area for improvement 6</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p>	<p>Staff must complete mandatory training requirements in relation to first aid and record keeping/care planning training.</p> <p>Ref: 5.2.1</p> <p>Action taken as confirmed during the inspection: Discussion with staff and written confirmation from the manager following the inspection established that this area for improvement had been met.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.</p> <p>Ref: 5.2.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 8</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p>	<p>An individual comprehensive care plan is in place regarding the management of diabetes and for social/leisure activities. This should include detail of:</p> <ul style="list-style-type: none"> • Any personal outcomes sought by the resident • The daily care, support, opportunities and services provided by the home and others • How information about the resident's lifestyle is used to inform practice • The resident's agreed daily routine and weekly programme • The management of any identified risks <p>Ref: 5.2.2</p>	<p>Partially met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>Review of a sample of care records established some improvements in relation to the assessment and care planning of resident's social/leisure needs and activities. However; deficits remained regarding the consistency and detail of staff's recording of care in relation the management of diabetes. Therefore this area for improvement was only partially met, and is stated for a second time.</p>	
<p>Area for improvement 9</p> <p>Ref: Standard 13.1 and 13.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a programme of activities and events is planned in the home, which:</p> <ul style="list-style-type: none"> • provides positive outcomes for residents • is based on the identified needs and interests of residents • includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. • promotes healthy living, is flexible and responsive to residents' changing needs <p>Ref: 5.2.4</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>

5.2 Inspection findings

5.2.1 Management of the Environment and Infection Prevention and Control

On arrival to the home, the manager immediately advised us that the home was experiencing an outbreak of COVID-19.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. A symptom checklist and temperature checks were in place. The outbreak of infection was reported to the Public Health Authority (PHA) and the manager was working in collaboration with PHA and the Northern Health and Social Care Trust to ensure that residents received the right care and that all required IPC measures were in place.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided. Additional advice was given on ensuring staff's full adherence to IPC measures, for instance, ensuring clear and separate areas for donning and doffing and updated visual signage as further prompts for staff.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

There were adequate systems in place to ensure the home was kept clean and well maintained. Cleaning was ongoing throughout the inspection. Cleaning schedules were in place and the manager advised that domestic staff's shifts were being changed and increased, to include weekends. There was a maintenance management system in place.

The back hallway was cluttered with equipment and additional PPE supplies; the manager and staff were working to clear this during the inspection and the manager agreed to ensure this was prioritised.

The lounge and one downstairs bathroom had been redecorated since the last inspection in November 2021. Residents remarked on how lovely and bright the lounge was now; it had been repainted and new soft furnishings purchased.

Refurbishment work had been due to commence in the dining room on the day of inspection, but had been postponed due to the outbreak. This was confirmed in review of the home's continuous environmental action plan; there was good evidence that this was being regularly reviewed and updated by management, and that further refurbishment and redecoration work was planned.

5.2.2 Staffing Arrangements

There was adequate staff in the home during the inspection. Discussion with the manager and review of the staff duty rotas confirmed that planned staffing levels were being reviewed due to the recent outbreak, and that a contingency plan was in place to ensure staffing levels remained safe. The manager was reminded to ensure that staff's full names are always used on the duty rota.

Staff attended to residents in a timely, patient and friendly manner. We observed several positive interactions between staff and residents. The residents we met with were content and did not raise any concerns regarding the staffing in the home, and told us that they felt staff were doing their best to keep them safe from COVID.

The staff we spoke with demonstrated good knowledge and understanding of their roles and responsibilities in relation to Infection Prevention and Control (IPC) measures, management of skin care, therapeutic activities and raising concerns. Staff did not report any concerns regarding the current staffing levels in the home or their ability to deliver safe, effective and compassionate care.

5.2.3 Care Delivery and Quality of Life

Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were respectful, understanding and sensitive to residents' needs. As previously mentioned, despite being busy, staff ensured care was delivered in an organised and calm manner.

There should be robust systems in place to ensure that any changes in resident's physical health needs are well managed and escalated appropriately. This may include reassessment to ensure residents' needs can continue to be safely met in residential care. Discussion with the manager established learning about how they can improve how they escalate and communicate changes in resident's needs and presentation to the multi-disciplinary team. The manager acknowledged that there had been occasions where communication with district nursing and care management could have been improved. The manager outlined how she is working with the HSC Trust to address this and ensure resident's needs are kept under regular review.

Residents, including those who had tested positive for COVID, looked cared for in their appearance and had been supported to attend to their personal care.

The residents we met with were relaxed and content. Residents told us they felt looked after and were enjoying each other's company, resting or watching TV. One resident showed us blankets they were crocheting to send to a Ukraine charity, and the flowers they had helped plant in the home's garden. Staff had created separate communal space for residents who had tested positive and who would be unable to remain isolated in their rooms. This arrangement appeared to be working well with the residents appearing settled and in good spirits.

No group activities were currently being held due to the outbreak. Staff confirmed they had time to spend individually with residents, to chat or complete jigsaws and puzzles.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There was evidence that residents' needs in relation to nutrition and the dining experience were being met. The dining experience was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain, and referrals made to multi-disciplinary professionals, such as dieticians, made if required.

5.2.4 Record Keeping

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents' needs and if required care staff consulted the District

Nurse and followed the recommendations they made. However; we noted one care record for a resident which did not specify the pressure relieving equipment in use. The care plan also noted specific daily checks to be completed by staff; however there was insufficient written evidence that this was being completed. This was discussed with the manager who confirmed that the checks were being completed and that the resident was also being reviewed by the district nurse on a weekly basis. A new area for improvement regarding the recording of skin checks was identified.

Examination of records and discussion with staff confirmed that manage the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. The outcome of visits from any healthcare professional was recorded.

The home had implemented a post falls observation checklist to be completed with residents following a fall which did not require medical treatment. This is good practice. However; the template was not being consistently completed by staff. We also noted that some daily records of how each resident spent their day and the care and support provided by staff, did not always contain sufficient, personalised detail. Through discussion with the manager and review of governance records, RQIA received sufficient assurances that deficits were being regularly monitored and addressed by the management team through audit, additional staff training and supervision. To provide the manager with sufficient time to fully address these deficits, the area for improvement is therefore carried forward for further review at the next inspection.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Jennifer Moore has been the registered manager of the home since 11 November 2020.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff commented positively about the manager and described her as 'hands on' and supportive.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin and to RQIA. Discussion with the manager confirmed that deficits had been identified regarding the reporting of all incidents to resident's care manager; the manager explained this had been an oversight and an action plan was now in place to ensure improvements are made and sustained.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality improvement plan

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2021)**.

	Regulations	Standards
Total number of Areas for Improvement	1*	9*

*The total number of areas for improvement includes one regulation and seven standards which are carried forward for review at the next inspection. One standard was assessed as partially met and is stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jennifer Moore, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19.-(1) (a) and Schedule(3) (k) Stated: Second time To be completed by: From the date of inspection	The registered person shall ensure that residents' care records are maintained in accordance with regulations, the care standards and professional standards set out for social care workers by NISCC. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2021	
Area for improvement 1 Ref: Standard 6.2 Stated: Second time To be completed by: From the date of inspection	An individual comprehensive care plan is in place regarding the management of diabetes and for social/leisure activities. This should include detail of: <ul style="list-style-type: none"> • Any personal outcomes sought by the resident • The daily care, support, opportunities and services provided by the home and others • How information about the resident's lifestyle is used to inform practice • The resident's agreed daily routine and weekly programme • The management of any identified risks Ref: 5.2.2 Response by registered person detailing the actions taken: This has been shared with staff again, improvements are ongoing and we will continue to ensure all of the specific detail is held in each residents care plan
Area for improvement 2 Ref: Standard 8.2 Stated: First time To be completed by: From the date of inspection	Full and accurate care records must be maintained for each resident detailing all personal care and support provided by staff in the home. This includes, but is not limited to, skin checks and pressure relieving equipment. Ref: 5.2.4 Response by registered person detailing the actions taken: This has been actioned and will remain ongoing

<p>Area for improvement 3</p> <p>Ref: Standard 4.6</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2020</p>	<p>The registered person shall ensure that residents' written agreements are updated to show the current fee paid by, or on behalf of, residents.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 15.12</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2020</p>	<p>The registered person shall implement a system for recording the reconciliations (at least quarterly) of the bank account for which two residents' social security benefits are paid into. The reconciliation should be recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 5</p> <p>Ref: Standard 15.12</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2020</p>	<p>The registered person shall implement a system to show a breakdown of the monies withdrawn from the residents' bank account and deposited into the business bank account e.g. the amount owed from the benefits towards the residents' fees and the amount of personal allowance monies belonging to the two residents.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 6</p> <p>Ref: Standard 15.6</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2020</p>	<p>The registered person shall ensure that a record is maintained of the amount of personal allowance monies owed to the two residents, identified during the inspection, from the last hand over at the end of February 2020. Once agreed with the Health and Social Care Trust, RQIA should be informed of the date the backdated monies have been handed over to the residents.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p> <p>Ref: 5.1</p>

<p>Area for improvement 7</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2020</p>	<p>The registered person shall ensure that the management of residents' finances are periodically included in the monthly monitoring audits (at least every three months).</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 8</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 5.2.1</p>
<p>Area for improvement 9</p> <p>Ref: Standard 13.1 and 13.2</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that a programme of activities and events is planned in the home, which:</p> <ul style="list-style-type: none"> • provides positive outcomes for residents • is based on the identified needs and interests of residents • includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. • promotes healthy living, is flexible and responsive to residents' changing needs <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 5.2.4</p>

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