

Unannounced Care Inspection Report

8 September 2016



Clanrye

Type of service: Residential care home
Address: 128 Glenarm Road, Larne, BT40 1DZ
Tel No: 028 2827 5701
Inspectors: John McAuley and Ruth Greer

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Clanrye took place on 8 September 2016 from 10:45 to 14:50 hours.

The inspection sought to assess progress with any issues raised during the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Four areas for improvement were identified in relation to this domain. One was a requirement in relation to recruitment and selection practices not being in accordance with legislation. A requirement was stated for a second time to put in place infection prevention and control audits. Two recommendations were made in relation to adult safeguarding policies and procedures.

Is care effective?

Two areas for improvement were identified in relation to this domain. These were in respect of assessment, care planning and reviews being accurate and up to date.

Is care compassionate?

One area for improvement was identified in this domain. This was in relation to detailing how residents' respective spiritual needs are met. This requirement is also detailed under the effective domain of this report.

Otherwise residents were found to be comfortable, content and at ease in their environment and interactions with staff.

Is the service well led?

There were two areas for improvement identified in relation to this domain. One was a requirement stated for a second time under the safe domain of this report for implementation of quality assurance. The other was a recommendation stated for a second time to clearly record who was notified of an accident and incident in the home.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	6	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Heather Leo, registered 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 premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent premises inspection on 29 February 2016.

2.0 Service details

Registered organisation/registered person: Heather Leo	Registered manager: Heather Leo
Person in charge of the home at the time of inspection: Heather Leo	Date manager registered: 1 April 2005
Categories of care: 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	Number of registered places: 17

3.0 Methods/processes

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

During the inspection the inspectors met with all sixteen residents in the home, two care staff, one visiting relative and the registered manager.

The following records were examined during the inspection:

- Induction programme for new staff
- Sample of competency and capability assessment
- Staff training schedule/records
- Staff recruitment file(s)
- Two residents' care files
- Complaints records
- Accident/incident/notifiable events register
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Safeguarding policies and procedures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 29 February 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 2 February 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19(2) Schedule 4 Stated: First time To be completed by: 18 February 2016	Regulatory documentation must be available at all times for inspection including the competency and capability assessments of any person who has the responsibility of being in charge of the home in the absence of the registered manager.	Met
	Action taken as confirmed during the inspection: The competency and capability assessment requested at the time of this inspection was readily available.	
Requirement 2 Ref: Regulation 24(3) Stated: First time To be completed by: 2 February 2016	All expressions of dissatisfaction need to be recorded in the complaints book, with recorded evidence how this was dealt with and whether the complainant is satisfied with the outcome.	Met
	Action taken as confirmed during the inspection: An inspection of the complaints record found that three complaints were recorded appropriately since the previous inspection.	
Requirement 3 Ref: Regulation 27(2)(b) Stated: First time To be completed by: 10 February 2016	The bedroom locking mechanism as referenced by the resident during this inspection must be made good.	Met
	Action taken as confirmed during the inspection: This bedroom door lock was repaired.	

<p>Requirement 4</p> <p>Ref: Regulation 27(2)(d)</p> <p>Stated: First time</p> <p>To be completed by: 3 May 2016</p>	<p>A programme of redecoration and deep cleaning must be put in place to address areas identified in the environment. This programme needs to take account of environmental infection prevention and control audits that also need to be put in place.</p> <hr/> <p>Action taken as confirmed during the inspection: Areas identified from this inspection were redecorated.</p> <p>However there were general areas throughout the home that were in need of redecoration and deep clean.</p> <p>No environmental infection prevention and control audits had been undertaken.</p>	<p>Partially Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 14(2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 10 February 2016</p>	<p>The two downstairs toilet seats and the upstairs bathroom shower chair must be replaced. The home must be proactive in addressing such issues with putting in place infection prevention and controls audits.</p> <hr/> <p>Action taken as confirmed during the inspection: The toilet seats had been replaced. However these were too small and ill-fitting for the size of the toilet. A requirement was made for these to be made good.</p> <p>The upstairs shower chair was replaced.</p> <p>No infection prevention and control audits had been put in place.</p>	<p>Partially Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 27(2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 10 February 2016</p>	<p>The cooker and the deep fat fryer in the kitchen must be made good, in terms of cleanliness.</p> <hr/> <p>Action taken as confirmed during the inspection: This has been made good.</p>	<p>Met</p>

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 20.15 Stated: First time To be completed by: 2 February 2016	It needs to be clearly recorded in the accident/ incident book when the resident's next of kin and social worker/ aligned care manager was notified of the event.	Not Met
	Action taken as confirmed during the inspection: An inspection of the accident / incident book found that it was not clearly recorded when the resident's next of kin and social worker / aligned care manager was notified of the event.	
Recommendation 2 Ref: Standard 13.1 Stated: First time To be completed by: 2 February 2016	The genre of music played for residents in communal areas of the home should be in keeping with residents' age group and tastes.	Not able to inspect on this occasion and carried forward to next inspection
	Action taken as confirmed during the inspection: There was no music being played in communal areas of the home at the time of this inspection.	

4.3 Is care safe?

The registered 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, a resident's representative and staff.

On the day of inspection the following staff were on duty:

- 1 x registered manager
- 1 x senior care assistant
- 1 x cook
- 2 x domestics
- 1 x maintenance man

The registered manager informed the inspectors that they were understaffed by 1 x care assistant on the shift rota at the time of this inspection but that the needs of the residents could be met.

Review of a sample of one completed induction record and discussion with the registered manager evidenced that an induction programme was in place for staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training was regularly provided.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A review of a sample of staff competency and capability assessments were reviewed and found to be satisfactory.

Two staff members' recruitment and selection records were inspected. The staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 other than that neither record contained a reference from the applicant's present or most recent employer. A requirement was made for this to be acted upon accordingly.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. A sample of two records of these were inspected and found to be appropriately maintained.

The adult safeguarding policy and procedure was in need of revising to include the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and the establishment of a safeguarding champion. The registered manager stated that she had obtained a copy of the new regional guidelines but that this document was not available for staff in the home at the time of this inspection. In addition, reference to the safeguarding policy and procedure was not included in the programme of induction for newly appointed staff. Recommendations were made in respect of this.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

The general décor and furnishings in the home were tired and dated other than in the front communal lounge and the dining room which had been redecorated. Due to the tiredness of the décor it would be imperative that infection and control audits would be put in place. However no such audits were put in place. A requirement has been stated for a second time for such audits to be implemented. In implementing these, there needs to be a clear action plan put in place with results from these audits. Mrs Leo confirmed following the inspection that a rolling refurbishment programme has been commenced within the home.

Inspection of the premises confirmed that there were adequate supplies of liquid soap and alcohol hand gels.

The home had a fire risk assessment in place dated 24 March 2015. The registered manager informed the inspectors that there were no recommendations made as a result of this assessment. However when the assessment was examined there were three recommendations made from it. There was no corresponding evidence recorded that these recommendations had been dealt with. The registered manager reported that these had been addressed and explained how this was the case.

Review of staff training records confirmed that staff completed fire safety training twice annually. 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.

Areas for improvement

Four areas for improvement were identified in relation to this domain. One was a requirement in relation to recruitment and selection practices not being in accordance with legislation. A requirement was stated for a second time to put in place infection prevention and control audits. Two recommendations were made in relation to adult safeguarding policies and procedures.

Number of requirements:	2	Number of recommendations:	2
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4.4 Is care effective?

During this inspection two residents had identified medical needs. Subsequent inspection of these care records found that these assessed needs were not adequately recorded in terms of assessment, care planning and review. The registered manager informed the inspectors that these residents' needs were being met effectively.

An inspection of two residents' care records confirmed that these were not maintained in line with the legislation and standards. They did not include an up to date assessment of identified medical needs, care plan interventions and review. There was therefore, no written information available to assist staff in determining when medical intervention was required. For example one resident was in a state of distress stating to an inspector that she wished to see her GP. The inspector reported this to the registered manager who informed the inspectors that this intervention was not necessary as this was part of this resident's normal behaviour. This could not be determined from inspection of this resident's care records. This resident was shortly later found to be in a calm content state but her earlier presentation did give cause for concern. Examination of the daily progress records for this resident found that there were repetitive statements recorded that the resident was well with no indication of episodes of distress nor how these should be dealt with by staff.

These findings were also similar to another resident who complained of frequent headaches. There was no adequate assessment, care plan or review of this identified need. This resident's progress records made no reference to this need at all.

Information recorded in these residents' care records in respect of these identified needs and of that from discussions with the registered manager was conflicting. Requirements to address these issues were made.

Areas for improvement

Two areas for improvement were identified in relation to this domain. These were in respect of assessment, care planning and reviews being accurate and up to date, including spiritual care needs are detailed in the compassionate domain of this report.

Number of requirements:	2	Number of recommendations:	0
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4.5 Is care compassionate?

The inspectors met with all the residents in the home at the time of this inspection. In accordance with their capabilities all residents 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;

- “It’s lovely here. I am very happy”
- “Things are fine here”
- “The food is lovely.”

An inspector also met with a visiting relative who spoke positively about the provision of care and the kindness and support received from staff.

An inspection of two residents’ care records found that spiritual and cultural needs were inadequately recorded with no detail as to how these needs were met. These issues were made as requirements under the effective domain of this report.

Discussions with residents and inspection of aligned care records could not determine whether any pain and discomfort is managed in a timely and appropriate manner. This was primarily down to the inaccuracies of care records in recording current assessed needs. A requirement was made under the effective domain of this report for this to be addressed.

Residents were found to be comfortable, content and at ease in their environment and interactions with staff, other than one resident who had an episode of distress which was found to be alleviated shortly later.

Areas for improvement

One area for improvement was identified in this domain. This was in relation to detailing how residents’ respective spiritual needs are met. This requirement has been previously stated under the “is care effective?” domain of this report.

Otherwise residents were found to be comfortable, content and at ease in their environment and interactions with staff.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSPPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the residents’ Guide and display information.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

An inspection of accidents and incidents reports confirmed that these were effectively reported to RQIA. However it was not adequately recorded in the format of recording events who was notified of the event such as the resident's next of kin and social worker / aligned care manager. This recommendation has been stated for a second time. Inspection of these reports found incidents when the resident's social worker was not notified of the event(s).

There were no quality assurance systems in place to drive quality improvement other than medication audits. A requirement was stated for the second time under the "is care safe" domain of this report for audits on infection prevention and control to be put in place.

Staff were provided with mandatory training.

There was evidence of managerial staff being provided with additional training in that the deputy manager of the home was undertaking the Level 5 KSF training in management.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

The registered manager challenged the findings of the inspection at various points and did not always agree with the issues raised by the inspectors and the guidance being provided. This was raised with the registered manager at the time of inspection.

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

The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff.

Areas for improvement

There were two areas for improvement identified in relation to this domain. One was a requirement which has been stated for a second time under the "is care safe?" domain of this report for implementation of quality assurance. The other was a recommendation stated for a second time to clearly record who was notified of an accident and incident in the home.

Number of requirements:	0	Number of recommendations:	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 Heather Leo, registered 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 the 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 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's office 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.

Statutory requirements	
Requirement 1 Ref: Regulation 21 Schedule 2 (3) Stated: First time To be completed by: 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>Response by registered provider detailing the actions taken: This was an oversight, as though we did have 2 references, in one case, it was not from previous employer - this will be done for any new applicants.</p>
Requirement 2 Ref: Regulation 27 (2) d Stated: Second time To be completed by: 8 November 2016	<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> <p>Response by registered provider detailing the actions taken: This has been completed and is ongoing. The home has undergone and is undergoing redecoration.</p>
Requirement 3 Ref: Regulation 15 (1) c Stated: First time To be completed by: 8 November 2016	<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> <p>Response by registered provider detailing the actions taken: This is ongoing - up to date and audited regularly.</p>
Requirement 4 Ref: Regulation 16 (1) Stated: First time To be completed by: 8 November 2016	<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> <p>Response by registered provider detailing the actions taken: This is done and is ongoing as needs change.</p>
Requirement 5 Ref: Requirement 27(2) c Stated: First time To be completed by: 15 October 2016	<p>The toilet seats need to be proper fitting and made good.</p> <p>Response by registered provider detailing the actions taken: Yes - this was done and has been redone again!</p>

Recommendations	
Recommendation 1 Ref: Standard 16.1 Stated: First time To be completed by: 8 October 2016	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.
	Response by registered provider detailing the actions taken: <i>This was completed.</i>
Recommendation 2 Ref: Standard 16.2 Stated: First time To be completed by: 8 October 2016	The registered provider should put the safeguarding policy and procedure in the programme of induction for newly appointed staff.
	Response by registered provider detailing the actions taken: <i>This has been completed.</i>
Recommendation 3 Ref: Standard 20.15 Stated: Second time To be completed by: 15 September 2016	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.
	Response by registered provider detailing the actions taken: <i>Yes - Completed.</i>

Name of registered manager/person completing QIP	HAMILTON (EO)		
Signature of registered manager/person completing QIP	H. LEO.	Date completed	20/12/16
Name of registered provider approving QIP	H. LEO		
Signature of registered provider approving QIP	Leo	Date approved	20/12/16
Name of RQIA inspector assessing response	John Mc Ardley		
Signature of RQIA inspector assessing response	John Mc Ardley	Date approved	9/1/17

**Please ensure this document is completed in full and returned to RQIA's Office*



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