

Inspection Report

16 November 2021



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

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1.0 Service information

<p>Organisation/Registered Provider: Clanrye</p> <p>Registered Person Mrs Heather Margaret Leo</p>	<p>Registered Manager: Mrs Jennifer Moore</p> <p>Date registered: 11/11/2020</p>
<p>Person in charge at the time of inspection: 9.10am – 12pm Karen Rice, deputy manager and Naomi Forsythe, deputy manager 12pm – 4pm Naomi Forsythe, deputy manager.</p>	<p>Number of registered places: 17</p> <p>Two named individuals in category RC-LD(E). The home is also approved to provide care on a day basis only to 1 person. Maximum of 5 existing residents in DE category of care.</p>
<p>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.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 15</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>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.</p>	

2.0 Inspection summary

An unannounced inspection took place on 16 November 2021, from 9.10am to 4pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Care was delivered promptly by patient and friendly staff, who knew the residents well. There were good arrangements in place to meet the physical needs of residents, including evidence of communication with other healthcare professionals such as G.P's.

Four new areas requiring improvement were identified in relation to staff training, staffing arrangements, care plans for the management of diabetes and social/leisure activities and the planning and implementation of an activities programme in the home.

RQIA were assured that the delivery of care and service provided in the home was compassionate and that the home was well led. Discussion with the manager following the inspection also provided a good level of assurance regarding the governance and management arrangements in the home. Addressing the areas for improvement will further enhance the quality of care and services in Clanrye.

The findings of this report will provide the manager and management team 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 the person in charge at the conclusion of the inspection. In addition, the inspection findings were discussed with the manager, by telephone, on 18 November 2021.

4.0 What people told us about the service

Eleven residents told us that the food was lovely and confirmed they were content living in the home. Residents told us that staff made sure they got their medication, and arranged for the district nurse or G.P. to visit them when they were unwell. Residents who were unable to express their opinions verbally indicated through non-verbal cues that they were comfortable.

We spoke with five staff who told us that the team worked together to ensure residents were well cared for and it was clear that staff knew resident's individual needs and preferences. Staff also described management as supportive.

Two professionals we spoke with told us that staff were very caring and hard working. However; it was felt that staff would benefit from additional training regarding diabetes, to further improve care delivery in the home. This is discussed in more detail in sections 5.2.1 and 5.2.2.

No additional feedback was received from residents, staff or relatives 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 inspection on 17 August 2020		
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: First 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.	Not met
	Action taken as confirmed during the inspection: Review of care records evidenced that some improvements had been made; including areas for improvement noted below. However; care records were not reviewed and updated in a timely or contemporaneous way. Daily progress notes were not personalised and did not fully reflect the care being delivered in the home, including whether residents were offered or engaged in activities in the home. We noted several minor recording errors which indicated that staff lacked full understanding of their roles and responsibilities in relation to recording of care.	

	Therefore this area for improvement is not met and is stated for a second time.	
Area for improvement 2 Ref: Regulation 15.-(2) (a) and (b) Stated: First time	<p>The registered person shall ensure that risk assessments are kept under review and revised to reflect any change in the resident's condition.</p> <p>Action taken as confirmed during the inspection: Review of care records confirmed that as written, this area for improvement was met.</p>	Met
Area for improvement 3 Ref: Regulation 16.-(2) Stated: First time	<p>The registered person shall ensure that care plans are regularly reviewed to ensure they accurately reflect the current care needs of residents.</p> <p>Action taken as confirmed during the inspection: Review of care records confirmed that as written, this area for improvement was met.</p>	Met
Area for improvement 4 Ref: Regulation 29.-(5) (a) Stated: First time	<p>The registered person shall ensure that monthly monitoring reports are forwarded to RQIA by the fourth day of each month, for a period of at least three months.</p> <p>Action taken as confirmed during the inspection: This area for improvement was met.</p>	Met
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 4.6 Stated: First time	<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> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 2 Ref: Standard 15.12 Stated: First time	<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</p>	Carried forward to the next

	<p>the reconciliation and countersigned by a senior member of staff.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	inspection
<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>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
<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>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
<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>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence of an audit system in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. It was positive to note that staff had recently undertaken additional training on the management of diabetes and staff confirmed additional training dates were planned for any staff who had missed this initial training. However; first aid and record keeping/care planning training was not in date for a number of staff. An area for improvement was identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that there was enough staff on duty to meet the needs of the residents, that there was good team work and that they felt well supported in their role. Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance in a caring and friendly manner.

It was noted that there was enough staff in the home to respond to the physical needs of the residents throughout the inspection. The home was busy and we noted that staff were unable to complete medication rounds without being interrupted. On several occasions, residents approached the inspector to seek support. There was limited evidence that staffing levels were adequate to meet residents' social, emotional and psychological needs, including the provision of regular and planned meaningful activities. Staff told us that the planned number of care staff on duty had been reduced due to short notice staff resignation, but that management had kept them informed about how this was being addressed. Discussion with the manager following the inspection provided assurance about how minimum safe staffing levels were being maintained in the home. However; given our observations during the inspection, an area for improvement was also identified.

Visiting professionals said staff were caring but felt they required additional support regarding training on the management of diabetes. As referenced above, discussion with staff and the manager provided adequate assurances that this was being addressed.

5.2.2 Care Delivery and Record Keeping

Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were busy, however were 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. For instance, staff were able to reassure and redirect residents who presented with some confusion or anxiety. Despite the busy atmosphere, staff were patient and took their time when interacting with residents.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Examination of records and discussion with staff confirmed that 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise, and the atmosphere was unhurried. It was observed that residents were enjoying their meal and their dining experience. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily. Some of those records were inconsistent and did not clearly record portion size. These deficits were discussed with the manager and included in the previous area for improvement regarding care records, as referenced in section 5.1.

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.

However, as discussed in section 5.1, deficits in care records were identified, and there was limited evidence that records were being completed and reviewed in a timely way to ensure they continue to meet the residents' needs. Therefore a previous area for improvement was not met and is stated for a second time. A new area for improvement was also identified regarding care plans for the management of diabetes and social/leisure activities. These lacked specific and personalised detail to guide and direct staff on the care required for individual residents.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and maintained to an adequate standard. There was also clear evidence of management oversight and planning regarding maintenance work and environmental improvements in the home.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and managed to ensure residents, staff and visitors to the home were safe.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

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.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

The residents we met and spoke with during the inspection confirmed that they felt looked after in the home. Residents who had difficulty communicating indicated their contentment through non-verbal responses, such as smiling, waving, nodding or thumbs up.

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. One resident was pleased to be having her hair styled and blow dried by staff. Another resident enjoyed crocheting and going shopping. Residents told us they enjoyed reading, and were grateful that books were supplied weekly from the local library. Some residents also told us they liked the company in the home, including having two cats as pets.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time. Meal times were flexible, with residents enjoying breakfast whenever they woke up; one resident told us they had stayed up later than usual to watch a football match, so had enjoyed a lie in and breakfast in bed that morning.

Discussion with staff identified that they made efforts to engage in activities with residents, such as playing music, armchair exercises and singalongs. However, there was insufficient evidence that residents were routinely offered a structured and varied programme of activities and events. An area for improvement was identified.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

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 the management team and described them as supportive and approachable.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

There was a system in place to manage complaints.

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, their care manager and to RQIA.

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.

6.0 Quality Improvement Plan/Areas for Improvement

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 that has been stated for a second time. Five standards are carried forward for review at the next finance inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed person in charge at the conclusion of the inspection, and with the manager, by telephone, on 18 November 2021.

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. Ref: 5.1 and 5.2.2 Response by registered person detailing the actions taken: Substantial work has gone into completely revamping and improving the quality of resident care records in the past year. We recognise and strive to personalise and streamline these as quickly as possible and maintain a high standard moving forward.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 4.6 Stated: First time To be completed by: 31 August 2020	The registered person shall ensure that residents' written agreements are updated to show the current fee paid by, or on behalf of, residents. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 Ref: Standard 15.12 Stated: First time To be completed by: 31 July 2020	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. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 3 Ref: Standard 15.12 Stated: First time To be completed by:	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.

31 July 2020	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 4</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> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 5</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> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 6</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 16 February 2022</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>Response by registered person detailing the actions taken: All outstanding training has been scheduled and will be completed ASAP</p>
<p>Area for improvement 7</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> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Due to the ongoing pandemic and associated staffing issues across the entire sector we are constantly striving to have a high ratio of staff to residents. We are continuing with recruitment in these difficult times.</p>

<p>Area for improvement 8</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</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>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>Response by registered person detailing the actions taken: This has been actioned and will be ongoing and monitored accordingly.</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>Response by registered person detailing the actions taken: we have reviewed and adapted our program of activities. Each careplan will also have a clear indication of the preferences of each individual, which will allow us to adopt a personalised or 1:1 approach to enrich the lives of our residents.</p>

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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