



Announced Enforcement Monitoring Care Inspection Report 17 August 2020



Clanrye

Type of Service: Residential Care Home

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Inspectors: Marie-Claire Quinn and Julie Palmer

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to 17 residents.

3.0 Service details

<p>Organisation/Registered Provider: Clanrye</p> <p>Responsible Individual: Heather Margaret Leo</p>	<p>Registered Manager and date registered: Jennifer Moore – registration pending.</p>
<p>Person in charge at the time of inspection: Jennifer Moore - 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>Total number of residents in the residential care home on the day of this inspection: 13</p>

4.0 Inspection summary

An announced inspection took place on 17 August 2020 from 10.00 to 14.25 hours.

On 7 July 2020 RQIA issued one Failure to Comply (FTC) Notice (FTC Reference: FTC000101) to the Responsible Individual. This was in relation to the management, leadership and governance arrangements in the home under Regulation 10(1) of The Residential Care Homes Regulations (Northern Ireland) 2005. The date of compliance with the notice was 17 August 2020.

The inspection sought to assess the level of compliance achieved in relation to the FTC Notice.

During this inspection, evidence was available to validate compliance with the FTC Notice FTC000101. These findings are discussed further in Section 6.2. In addition, an area for improvement was identified in relation to the submission of monthly monitoring reports to RQIA.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*4	*5

*The total number of areas for improvement includes three regulations and five standards which have been carried forward for review at the next inspection.

One new area for improvement was identified in relation to the submission of monthly monitoring reports to RQIA.

Further enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- monthly monitoring report dated 20 July 2020
- a sample of updated policies and procedures in the home relating to staff recruitment and falls management
- the FTC notice: FTC000101.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

The following records were examined during the inspection:

- staff duty rota from 3 to 23 August 2020
- daily care records, falls risk assessment and corresponding care plan for three residents
- three staff recruitment records
- two staff competency and capability assessments
- staff training records in relation to infection prevention and control, record keeping and management of accidents, incidents and falls
- accidents and incidents records
- a sample of cleaning schedules and records
- a sample of governance records including audits.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care and finance inspection dated 25 and 29 June 2020

This inspection focused solely on the actions contained within the Failure to Comply Notice issued on 7 July 2020. Therefore the areas for improvement from the last care and finance inspection on 25 and 29 June 2020 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.2 Inspection findings

FTC Ref: FTC000101

Notice of failure to comply with Regulation 10.—(1) of The Residential Care Homes Regulations (Northern Ireland) 2005

Regulation 10.—(1) *The registered provider and the registered manager shall, having regard to the size of the residential care home, the statement of purpose, and the number and needs of the residents, carry on or manage the home (as the case may be) with sufficient care, competence and skill.*

In relation to this notice the following 14 actions were required to comply with this regulation.

The registered person must ensure that:

- the manager carries on and manages the residential care home with sufficient care, competence and skill.
- any person given the role of being in charge of the residential home is deemed competent and capable to do so.
- a robust system of governance, including regular audits, is put in place to ensure that the quality of care and other services provided by the home are reviewed at regular intervals.
- there is clear evidence that when deficits are identified through the audit process, an action plan is put in place to ensure the necessary improvements are made.
- RQIA is provided with a comprehensive refurbishment plan detailing specific and realistic timescales for environmental improvement.
- robust cleaning schedules for the home are implemented and monitored by management.
- RQIA is provided with a copy of the action plan in place to address the infection prevention and control (IPC) deficits identified by NHSCCT IPC team during their visit to the home on 17 June 2020, including timescales for improvement.
- all staff working in the home can demonstrate their knowledge and skill of infection prevention and control measures commensurate with their role and function in the home.

- the home's policy and procedure for the management of falls is reviewed and updated to reflect regional and local protocols and to guide and support staff. This includes actual and suspected head injuries.
- the home's accident and incident records are clear, accurate and traceable.
- RQIA is notified of any event occurring in the home in accordance with Regulation 30 of the Residential Care Homes Regulations (Northern Ireland) 2005.
- the recruitment process is reviewed and managed in accordance with regulation to ensure the safety of residents.
- records of the recruitment process for any staff member, recruited in the last five years, is available for inspection.
- quality monitoring reports are completed in accordance with Regulation 29 of the Residential Care Homes Regulations (Northern Ireland) 2005 and forwarded to RQIA by the fourth day of each month.

We met with the manager and the management consultant who outlined the improvements made since the last care inspection. The manager confirmed that she had completed specific learning and development and that her understanding of the need and purpose of robust management oversight had improved. In addition, the manager said she felt she had an increased confidence in areas such as delegation of tasks. The manager's learning and development was demonstrated throughout this inspection. The manager also confirmed that the management consultant would continue to support her.

Competency and capability assessments had been completed with staff given the role of person in charge in the absence of the manager. When we reviewed the staff duty rota, we were unable to clearly identify the person in charge of each shift. On 18 August 2020 the manager submitted written evidence that the duty rota had been amended to clearly identify the person in charge of each shift.

Review of records and discussion with the manager evidenced that a robust audit and governance processes had been introduced. This system evidenced improved oversight and monitoring in the home across areas of care and other services provided within the home. The manager advised that the responsible individual was supportive and that they held regular meetings to review the home's progress, including the outcome of monthly monitoring visits.

Review of records and discussion with the manager evidenced that the audits and governance systems in place were easy to follow and traceable, evidenced timely review of any areas of deficit identified and any action required to be taken by the manager or other staff.

Prior to inspection, the home had submitted a continuous improvement plan to RQIA. The plan detailed the actions required to be taken and had realistic timescales for the action to be addressed.

During this inspection RQIA evidenced that since the home had submitted their improvement plan that a number of improvements had been progressed. This was particularly evident with the home's environment and the management of IPC measures. For example, the home was observed to be clean and excess clutter had been removed; equipment such as commodes had been replaced and remained clean; flooring had been replaced and bedrooms had been refurbished as planned.

Review of records and discussion with the manager and staff evidenced that cleaning schedules were now in place. Domestic staff were very positive about the changes and how the cleaning schedules helped them to maintain the standard of cleanliness in the home. Review of records also confirmed that cleaning was also completed by night and weekend staff. We did ask the home to review the schedule for the deep cleaning of bedrooms to provide additional guidance for staff. Following the inspection, on 18 August 2020, the manager submitted written evidence to RQIA that this had been addressed.

There was evidence that the management team had proactively addressed matters highlighted by the IPC audit completed by the NHSCT and a plan was in place to address any outstanding matters.

There was evidence that staff had received IPC refresher training. Discussion with staff and observation of practice confirmed that this training had been embedded into practice. During the inspection, no concerns were identified regarding staff's IPC practices.

An updated falls management policy and procedure was in place. Discussion with staff and review of records established that staff had also received refresher falls management training. Staff commented positively about their learning from this and how the management of falls had improved. We did note within records a reference to care staff completing 'neurological observations'. We again clarified with the manager that residential care staff should not complete clinical observations as standard practice as they were not trained to do so. On 18 August 2020, the manager submitted written evidence to RQIA that this issue had now been addressed.

We evidenced that accident and incident records were clear, accurate and traceable. This included detail on communication to other professionals and relatives as required.

Review of records confirmed that any notifiable events occurring in the home since the last care inspection had been reported to RQIA as required. The manager agreed to ensure that the person in charge of the home had access to RQIA's web portal to notify RQIA in the absence of the manager.

There was clear evidence that management had reviewed and were addressing deficits identified in their recruitment processes and record keeping. We asked the manager to consider amending the application forms and recruitment records to include the potential employee's dates of employment to enable review of any reason for employment gaps. This was promptly actioned by the manager following the inspection.

Recruitment records were available as required. The required safeguards, such as Access NI checks and staff's professional registration with Northern Ireland Social Care Council (NISCC), were in place.

The home had submitted the monthly monitoring report for July as requested by RQIA. Review of this was acceptable. A new area for improvement has been made for the submission of monthly monitoring reports to RQIA to continue for a minimum period of three months. This is to provide additional assurances that improvements continue and are sustained.

Areas for improvement

One new area for improvement was identified in relation to the submission of monthly monitoring reports to RQIA.

	Regulations	Standards
Number of areas for improvement	1	0

6.3 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice FTC000101.

7.0 Quality improvement plan

One new area for improvement was identified in relation to the submission of monthly monitoring reports to RQIA and is detailed in the QIP. Also included in the QIP are areas for improvement carried forward from the last care and finance inspection on 25 and 29 June 2020.

Details of the QIP were discussed with Jennifer Moore, manager and Lisa Harrison, management consultant, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

One new area for improvement was identified in relation to the submission of monthly monitoring reports to RQIA.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 19.-(1) (a) and Schedule(3) (k)</p> <p>Stated: First time</p> <p>To be completed by: 29 September 2020</p>	<p>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.</p> <p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 15.-(2) (a) and (b)</p> <p>Stated: First time</p> <p>To be completed by: 29 September 2020</p>	<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 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.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16.-(2)</p> <p>Stated: First time</p> <p>To be completed by: 29 September 2020</p>	<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>Ref: 6.2.4</p> <p>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.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 29.-(5) (a)</p> <p>Stated: First time</p> <p>To be completed by: 4 November 2020</p>	<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>Response by registered person detailing the actions taken: This has been actioned to date</p>

Action required to ensure compliance with the DHSSPS 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 will be carried forward to the next care inspection.
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 will be carried forward to the next care inspection.
Area for improvement 3 Ref: Standard 15.12 Stated: First time To be completed by: 31 July 2020	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.
	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.
Area for improvement 4 Ref: Standard 15.6 Stated: First time To be completed by: 31 July 2020	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.
	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>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> <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>
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