



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow Up Care Inspection Report 21 February 2019



Clanrye

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

www.rqia.org.uk

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

1.0 What we look for



2.0 Profile of service

This is a residential care home that provides care and accommodation for 17 persons with categories of care detailed in its certificate of registration and 3.0 of this report.

3.0 Service details

| | |
|---|--|
| Organisation/Registered Provider: Clanrye Responsible Individual(s): Heather Margaret Leo | Registered Manager: Heather Margaret Leo |
| Person in charge at the time of inspection: Jennifer Moore, deputy manager | Date manager registered: 01/04/2005 |
| Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia – maximum of five persons MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD (E) – Learning disability – over 65 years – two named persons | Number of registered places: 17 plus up to one person per day for day care |

4.0 Inspection summary

An unannounced inspection took place on 21 February 2019 from 10.20 to 13.30 hours.

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

This was a focused inspection to review the provision of meals and mealtimes and also to review and assess compliance with the areas of improvement identified following the last care inspection.

Evidence of good practice was found in relation to feedback from residents, general observations of care practices and improvements to the environment, particularly installation of a new kitchen.

Four areas requiring improvement were identified during this inspection. Two areas were stated for the second time in regards to the need for risk assessments of wardrobes and the responsible individual monthly monitoring visits. Two further areas for improvement were inappropriate storage and adult safeguarding training.

Feedback from residents and two visiting relatives were all positive.

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

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | *3 | *1 |

*The total number of areas for improvement includes two which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jennifer Moore, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 September 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and returned QIP, accident and incident notifications and any written or verbal communication received since the previous inspection.

During the inspection the inspector met with 17 residents, two visiting relatives, four staff and the deputy manager.

The following records were examined during the inspection:

- Statement of Purpose and Residents Guide
- Three residents' care records
- Residents' progress records
- Menus
- Accident and incident records

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 most recent inspection dated 20 September 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 20 September 2018

| Areas for improvement from the last care inspection | | |
|--|--|--------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 3 and 4 Stated: First time | The registered person shall revise and update the home's Statement of Purpose and Residents' Guide. This also needs to detail any restrictive care practices used in the home. | Met |
| | Action taken as confirmed during the inspection: The home's Statement of Purpose and Residents' Guide has been revised and updated accordingly. | |
| Area for improvement 2 Ref: Regulation 27 (2) (t) Stated: First time | The registered person shall risk assessed all wardrobes in accordance with current safety guidance with subsequent appropriate action. | Partially met |

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|---|--|---------------------------------|
| | <p>Action taken as confirmed during the inspection: The deputy manager advised that actions had been taken to secure loose fitting wardrobes. However two wardrobes were found to be loose fitting and posed a risk if a resident were to pull on same in the event of a fall.</p> <p>This has been stated for a second time.</p> | |
| <p>Area for improvement 3 Ref: Regulation 29 (1) Stated: First time</p> | <p>The registered person shall put in place monthly monitoring visit with a subsequent report of same. The report needs to be made available for residents, their representatives, staff, RQIA and any other interested parties to read. The report also needs to include an action plan to be developed to address any issues identified which include timescales and person responsible for completing the action.</p> <p>Action taken as confirmed during the inspection: This has not been addressed.</p> <p>This has been stated for a second time.</p> | Not met |
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | | Validation of compliance |
| <p>Area for improvement 1 Ref: Standard 11.5 Stated: Second time</p> | <p>The registered person shall record clear evidence that any agreed actions at a care review meetings to confirm these actions are acted on.</p> <p>Action taken as confirmed during the inspection: An inspection of care records confirmed this to be put in place.</p> | Met |

6.3 Inspection findings

6.3.1 Meals and mealtimes

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The menu is rotated over a four weekly cycle. The menu offered a choice of meal each mealtime. Residents are involved in the planning of menus. This is a standing item on the agenda of residents' meetings.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required.

Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussions with staff confirmed that they were aware of matters concerning residents' eating and drinking patterns as detailed in residents' care plans. An inspection of a sample of three residents' care records pertaining to eating and drinking was undertaken. These records were maintained in informative detail taking account of prescribed needs and evaluations of care.

The menu was displayed in suitable format in a prominent position in the home, so that residents knew what was available at each mealtime. Discussions with two residents found that they were knowledgeable about the planned meals.

Meals were provided at conventional times throughout the day with drinks and snacks available in between. Residents can also have a snack or drink on request. Fresh drinking water was readily available.

The lunch time meal was appetising and nicely presented. The dining room was nicely facilitated. There was a nice ambience in place for residents to enjoy their meal. The catering facility was tidy and well organised.

Discussions with residents during this inspection confirmed that they were very satisfied with this area of care. Some of the comments made included statements such as;

- "The dinners here are marvellous"
- "The food is great. I always get what I like"
- "No complaints at all with the food. Couldn't be better"

6.3.2 The environment

The home was clean and tidy with a programme of decoration and upgrade of furnishings being maintained. These included new flooring to the reception area and back lounge and installation of a new kitchen. It was reported that the cooker was being replaced next week and a new toilet was being installed to an identified bathroom.

Residents' bedrooms were comfortable and personalised. Two wardrobes in two bedrooms were loose fitting to the wall and posed a risk if a resident were to pull on same in the event of a fall. This area of improvement was stated for a second time.

The home was appropriately heated and fresh smelling. There was storage of discarded furnishings in a trailer outside the external boiler room which posed a risk in the event of a fire. This was identified as an area of improvement to ensure this is addressed.

There were no other obvious health and safety risks observed in the internal and external environment.

6.3.3 Residents' views

The inspector met with all the residents in the home at the time of this inspection. Residents advised that they felt a good standard of care was provided for, that staff acted with kindness and support, they enjoyed the meals and that the overall general atmosphere was good.

Some of the comments made included statements such as;

- “I am very happy here. It is a very nice home”
- “The staff are all lovely”
- “No complaints whatsoever. I like it here”

6.3.4 Relatives’ views

The inspector met with two visiting relatives at the time of this inspection. Both confirmed that they were satisfied with the provision of care and the kindness and support received from staff.

6.3.5 Care practices

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Staff spoke positively about their roles and duties, training and managerial support. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management. Some of the comments made by staff included statements such as;

- “The care here is very good. I would have no difficulties recommending this home”
- “We all work well here as a team. No difficulties”

Discussions with two staff indicated that they had a lack of knowledge with the role of the Health and Social Care Trust in respect of adult safeguarding. This was identified as an area of improvement to review with staff accordingly in staff training.

The general atmosphere in the home was relaxed, homely and supportive. Residents appeared content, relaxed and at ease with their interactions with staff and their environment. Many enjoyed the banter and conversation with one another which added to the homeliness. Staff interactions were found to be polite, friendly and warm. Staff responded to residents’ needs promptly and showed understanding of individual residents’ needs, particularly reassurance with mild confusion needs.

Areas of good practice

Areas of good practice were found in relation to feedback from residents, general observations of care practices and improvements to the environment.

Areas for improvement

Four areas of improvement were identified during the inspection. Two areas for improvement were stated for the second time in regards to the need for risk assessments for wardrobes and the responsible individual monthly monitoring visits. Two further areas for improvement related to inappropriate storage and safeguarding training.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 3 | 1 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jennifer Moore, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that 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

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 27(2)(t)</p> <p>Stated: Second time</p> <p>To be completed by: 21 March 2019</p> | <p>The registered person shall risk assessed all wardrobes in accordance with current safety guidance with subsequent appropriate action.</p> <p>Ref: 6.2</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>Although the wardrobes are fixed to the wall, it was agreed it didn't give enough protection. Further "achorage" has been added</p> |

| | |
|---|--|
| <p>Area for improvement 2</p> <p>Ref: Regulation 29(1)</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2019</p> | <p>The registered person shall put in place monthly monitoring visit with a subsequent report of same. The report needs to be made available for residents, their representatives, staff, RQIA and any other interested parties to read. The report also needs to include an action plan to be developed to address any issues identified which include timescales and person responsible for completing the action.</p> <p>Ref: 6.2</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>Having finally spoken with the registration team concerning details around registered manager/registered provider, we can confirm that these measures are now in place</p> |

| | |
|---|--|
| <p>Area for improvement 3</p> <p>Ref: Regulation 27(2)(L)</p> <p>Stated: First time</p> <p>To be completed by: 21 March 2019</p> | <p>The registered person shall remove any storage of rubbish to the boiler area and keep this area clear at all times.</p> <p>Ref: 6.3.2</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>Complete</p> |

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

| | |
|---|---|
| <p>Area for improvement 1</p> <p>Ref: Standard 16.3</p> <p>Stated: First time</p> <p>To be completed by: 21 April 2019</p> | <p>The registered person shall review the training on adult safeguarding with staff to ensure they are all clearly aware of the role of the Health and Social Care Trust in this.</p> <p>Ref: 6.3.5</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>Further Safeguarding training is scheduled</p> |



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