



# **Unannounced Care Inspection Report 24 - 25 June 2019**



## **Clanrye**

**Type of Service: Residential Care Home**  
**Address: 128 Glenarm Road, Larne, BT40 1DZ**  
**Tel No: 028 2827 5701**  
**Inspectors: John McAuley and Paul Nixon**

[www.rqia.org.uk](http://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 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 registered residential care home which provides care for up to 17 residents within the categories of care detailed in its certificate of registration and in 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Clanrye <b>Responsible Individual(s):</b> Heather Margaret Leo	<b>Registered Manager and date registered:</b> Heather Margaret Leo 01/04/2005
<b>Person in charge at the time of inspection:</b> Jennifer Moore, Operations Manager	<b>Number of registered places:</b> 17 Plus one place for day service
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia – maximum of 5 existing residents MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD (E) – Learning disability – over 65 years 2 named residents	<b>Total number of residents in the residential care home on the day of this inspection:</b> 17

### 4.0 Inspection summary

This unannounced inspection took place on 24 - 25 June 2019.

This inspection was undertaken by the pharmacist inspector on the 24 June 2019 from 10.00 to 13.30 hours and the care inspector on the 25 June 2019 10.10 to 14.00 hours.

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

Evidence of good practice was found in relation to staffing levels, staffs' knowledge and understanding of residents' needs and prescribed care interventions and management of complaints and incidents. Good practice was also found in relation to the programme of redecoration and upkeep in the environment and maintenance of good working relationships.

In relation to medicines management areas of good practice were identified in relation to the standard of maintenance of most medication records, the management of controlled drugs and the storage of medicines.

Areas requiring improvement were identified adherence to proper staff recruitment and the response to the most recent fire safety risk assessment, care records and the quality and robustness of monitoring visits.

In relation to the management of medicines, one area for improvement identified at the medicine management inspection (26 April 2018) pertaining to care planning had not been met and is stated for a second time.

Residents described living in the home as being a good experience/in positive terms. Some of the comments made included statements such as; “There’s nay problems here as they say” and “Everything is very good. I am very happy here. The food is lovely”.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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
<b>Total number of areas for improvement</b>	4	2*

\*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Jennifer Moore, Operations 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 inspection dated 21 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 21 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

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

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses from questionnaires were returned in time for inclusion to this report.

During the inspection a sample of records was examined which included:

- staff duty rotas
- staff training schedule and training records
- staff recruitment records
- three residents' records of care
- complaint records
- compliment records
- accident / incident records
- a sample of reports of visits by the registered provider/monthly monitoring reports
- RQIA registration certificate
- management of medicines on admission
- management of distressed reactions
- management of controlled drugs
- personal medication records, medicine administration records, medicines requested, received and transferred/disposed
- medicine management audits

Areas for improvements identified at the last care and medicine management inspections 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 outstanding areas for improvement from previous inspection(s)**

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement all were met.

Areas of improvement identified at previous medicines management inspection have been reviewed. Of the total number of areas for improvement six were met, one was partially met and has been included in the QIP at the back of this report.

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

Throughout this inspection feedback from residents confirmed that they felt safe in the home and that staff were responsive to their needs in a kind, caring manner.

#### Staffing

An inspection of the duty rota confirmed that it accurately reflected staff on duty at the time of this inspection.

The operations manager advised that the staffing levels were kept under continuous review to meet the assessed needs of residents. General observations of care practices and of the resident dependencies found that there were adequate staffing in place to meet these needs at the time of this inspection.

No concerns were identified with the staffing levels from discussions with residents and staff at the time of this inspection.

#### Staff training

A matrix was noted to be in place which identifies the dates of mandatory training received by staff and when updates are due and subsequently planned for. This evidenced that mandatory needs for staff were being met.

#### Staff recruitment

An inspection of a sample of a recently appointed staff member's recruitment file was undertaken. This was confirmed to be in accordance with regulations other than there was no second reference obtained nor was there a health assessment completed. This has been identified as an area of improvement in accordance with regulation.

#### The environment

The home was clean and tidy throughout with no mal-odours noted. A programme of redecoration was in place. A bedroom was being repainted and new flooring being installed during this inspection. The lounges were comfortable, homely and nicely decorated. Residents' bedrooms were individualised with personal memorabilia and décor. The dining room and kitchen were clean, tidy and well organised. The bathrooms and showers were clean and were suitably facilitated with infection prevention aids. The laundry room was tidy and well organised. The enclosed courtyard was tidy and well maintained.

There were no obvious risks observed in the environment.

## **Fire safety**

The home's last fire safety risk assessment was dated 21 May 2019. There were nine recommendations made as a result of this assessment. There was no corresponding evidence to confirm what actions had been taken in response to these recommendations. The operations manager gave assurances that these recommendations were acted upon. However there needs to be an action plan with timescales submitted to the aligned estates inspector detailing confirmation of this. For example two recommendations from the assessment were clearly not attended to at the time of this inspection, in terms of the external storage outside the boiler room and the kitchen door. These were rectified during this inspection but full compliance thereafter needs to be maintained. This has been identified as an area of improvement in accordance with regulations.

Inspection of fire safety records confirmed staff had received up-to-date training in fire safety and fire safety drills. Fire safety checks were also maintained on a regular and up-to-date basis.

## **Medicines Management**

Medicines were generally managed in compliance with legislative requirements, professional standards and guidelines. Medicines were managed by staff who had been trained and deemed competent to do so. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Practices for the management of medicines were audited by the management and staff. There were procedures in place to ensure the safe management of medicines during a patient's admission to the home. The sample of medicines examined had generally been administered in accordance with the prescriber's instructions; one discrepancy was drawn to the manager's attention and they agreed to closely monitor the medicine.

Medicines records generally complied with legislative requirements, professional standards and guidelines.

Medicines were safely and securely stored in compliance with legislative requirements, professional standards and guidelines. Medicines were stored in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.

The management of controlled drugs was in compliance with legislative requirements, professional standards and guidelines. Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice.

For two residents whose records were reviewed, who were prescribed medication for the management of distressed reactions, care plans were not in place. An area for improvement is stated for a second time.

## **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing levels and the programme of redecoration and upkeep in the environment.



In relation to medicines management areas of good practice were identified in relation to the standard of maintenance of most medication records, the management of controlled drugs and the storage of medicines.

### Areas for improvement

Two areas of improvement were identified. There were in relation to adherence to proper staff recruitment and the response to the most recent fire safety risk assessment.

No new areas for improvement were identified in relation to medicines management. One area for improvement in relation to care planning is stated for a second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Discussions with staff confirmed that they had knowledge and understanding of residents' needs and prescribed care interventions. Staff also advised that there was good communication between staff members for the benefit of resident care.

There is a handover meeting at the beginning of each shift so that the ongoing needs of residents can be reviewed and duties planned.

### Care records

An inspection of a sample of three residents' care records confirmed that there was multi-disciplinary working with other health care professionals, such as GPs, named workers, dieticians and dentists. Care records were detailed and up-to-date. The records gave account of residents' well-being and prescribed interventions and effects of same. Residents and/or their representatives were encouraged to be involved in all stages of this process. For example with the sample care records inspected, all three of these were signed by the resident as a participant in this process.

Areas of improvement were identified in that those care records inspected had no recent photograph of the resident. This was concerning in that one of these residents had an identified risk with confusion and associated wandering. This has been identified as an area of improvement in accordance with regulations.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

### Effectiveness of care

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, staff described how their knowledge of residents' needs facilitated residents with their choices and preferences with social activities.



Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin, such as immediate referral to district nursing services. No residents in the home at the time of this inspection were reported to being in receipt of this area of care.

A system was in place to monitor the dates of residents' most recent care reviews with their aligned named worker. From discussions with several residents about this, they confirmed knowledge of who their named worker was and of these care review meetings.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge and understanding of residents' needs and prescribed care interventions.

### Areas for improvement

One area of improvement was identified, in relation to adherence to regulations pertaining to the maintenance of care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

#### 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Throughout this inspection staff interactions were found to be polite, friendly, warm and supportive. There was a nice atmosphere and ambience in place for residents to feel relaxed and comfortable and fulfilled.

### Residents' views

During this inspection residents expressed their praise and gratitude for the provision of care, the kindness and support received from staff, the provision of meals and the general atmosphere in the home. Some of the comments made included statements such as;

- "There's nay problems here as they say"
- "Everything is very good. I am very happy here. The food is lovely"
- "We couldn't be any better looked after"
- "There is a lovely atmosphere here. We all get on great. I like all the staff"

### Care practices

The atmosphere in the home was relaxed and homely. There was a nice friendly ambience and residents were engaged in nice sociability with one another.

Staff interactions with residents were observed to be polite, friendly, warm and supportive. Staff were also observed to be attentive to residents' needs to an organised unhurried manner. Residents were dressed in nice attire with attention to personal care.

The dining room was nicely facilitated and there was a nice ambience in place for residents to enjoy their lunchtime meal. Discussions with residents and the cook confirmed that a choice was available and flexibility of times and location of meals was easily facilitated. It was observed that residents could readily avail of tea or coffee at any times they wished and staff readily promoted such choice. Discussions with residents in respect of their provision of meals were all very positive.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents and one visiting relative and general observations of care practices.

### Areas for improvement

No areas for improvement were identified in relation to this domain during this inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Residents and staff reported that management are approachable and that they would have no difficulties or apprehensions with reporting concerns or suggestions to.

### Management arrangements

The responsible individual is also the registered manager of the home. Her daughter is the operations manager of the home and undertakes the day to day management of the home.

The operations manager advised that she is making application to be the registered manager of the home, following completion of the necessary criteria for the position.

A monitoring visit and report is undertaken by the responsible individual as she is not in day to day management of the home. An inspection of the reports for 9 April 2019 and 21 May 2019 were undertaken. Both these visits were announced. The reports lack details in terms of governance of the home and progressing various areas through an action plan. For example if these visits were undertaken with effective governance then those issues identified with recruitment, fire safety and care records should have been addressed. An area of improvement in accordance with standards is made to improve the robustness of these visits and subsequent reports.

Discussions with staff confirmed that they felt there were good working relationships in the home that staff worked well as a team and the morale was good. Staff also advised that management were supportive to any suggestions raised and were readily available for support and guidance.

## Complaints

The complaints procedure was displayed in the home and this provided advice on how to complain, the timescales of responses and to whom to report to if unhappy with the response. Inspection of the record of complaints found that such expressions were taken seriously and managed appropriately. The records included the detail of the complaint, the outcome of the investigation, the actions taken and confirmation whether the complainant was satisfied with the response, or not.

## Accidents and incidents

An inspection of the accident/incident reports from April 2019 was undertaken. This evidenced that these events were appropriately managed and reported to the RQIA and the aligned named worker in the Trust.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to, management of complaints and incidents and maintaining good working relationships.

## Areas for improvement

One area of improvement was identified in relation to improving the quality and robustness of the monitoring visits and subsequent reports.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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, operations 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 Schedule 2 (1) and (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 26 June 2019	<p>The registered person shall ensure staff are recruited properly with particular reference to ensuring that there are two written references in place, linked to the requirements of the job and there is a health and fitness assessment in place.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> gaps have been rectified and more robust measures have been put in place</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 25 July 2019	<p>The registered person shall submit an action plan with timescales to the home's aligned estates inspector detailing how the nine recommendations made at the fire safety risk assessment dated 21 May 2019 will be addressed.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> All outstanding points on the Fire RA assessment have been completed, report has been sent to Estates Inspector</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 19 (1) (a) Schedule 3 (2)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 July 2019	<p>The registered person shall ensure a recent photograph of the resident is maintained in the care records.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> All completed</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.11  <b>Stated:</b> First time  <b>To be completed by:</b> 1 July 2019	<p>The registered person shall improve the robustness and quality of monitoring visits and subsequent reports, so as to ensure adequate and suitable governance is in place.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> A new template is in place and in use</p>

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> Second time	The registered person shall ensure that care plans include the management of pain and distressed reactions specific to the resident.  Ref: 6.4
<b>To be completed by:</b> 24 July 2019	<b>Response by registered person detailing the actions taken:</b> Those that show distressed reactions or are medicated for same have a detailed method statement within their careplans

*\*Please ensure this document is completed in full and returned via Web Portal\**



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care