

Unannounced Care Inspection Report 30 January 2018



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 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 with 17 beds that provides care for residents within the categories of care as detailed in its certificate of registration.

3.0 Service details

Organisation/Registered Provider: Clanrye Responsible Individual: Heather Leo	Registered Manager: Heather Leo
Person in charge at the time of inspection: Jennifer Moore, Deputy Manager	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC): I - Old age not falling within any other category DE – Dementia – maximum of five residents MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD (E) – Learning disability – over 65 years – two named residents.	Number of registered places: 17

4.0 Inspection summary

An unannounced care inspection took place on 30 January 2018 from 10:00 to 13:20 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought 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, adult safeguarding, communication with residents and maintenance of good working relationships.

Two areas requiring improvement were identified. These were in relation to removal of inappropriate storage and recording clear evidence that any agreed actions at care review meetings are acted on.

Feedback from residents was all positive and complimentary about the provision of care, the kindness and support received from staff, meals and the overall general atmosphere in the home.

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	0	2

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 premises inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 August 2017.

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 communication received since the previous care inspection.

During the inspection the inspector met with 14 residents, four staff of various grades and the deputy manager.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision schedule
- Staff training schedule/records
- Three residents' care files
- Residents' progress records
- Complaints and compliments records
- Audits of risk assessments, accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Accident/incident/notifiable events register
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 23 August 2017

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

6.2 Review of areas for improvement from the last care inspection dated 13 June 2017

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 14(2) (c) Stated: First time	The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.	Met
	Action taken as confirmed during the inspection: This risk assessment and subsequent care plan has been put in place.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 28.5 Stated: First time	The registered person shall individually risk assess all wardrobes in accordance with current safety guidelines with subsequent appropriate action.	Met
	Action taken as confirmed during the inspection: This risk assessment and subsequent actions have been put in place.	

Area for improvement 2 Ref: Standard 29.1 Stated: First time	The registered person shall submit an action plan with timescales to the home's aligned estates inspector detailing the actions taken in response to these 14 recommendations made from the fire safety risk assessment dated 11 April 2017.	Met
	Action taken as confirmed during the inspection: An action plan for these recommendations was submitted to the home's aligned estates inspector.	

6.3 Inspection findings

6.4 Is care safe?

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

The deputy manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training and supervision of staff was regularly provided. A schedule for mandatory training and staff supervision was maintained and was inspected during the inspection.

The deputy manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. The deputy manager confirmed that no staff have been recruited since the previous inspection and therefore staff personnel files were not inspected on this occasion.

The deputy manager confirmed that enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body. Discussions with care staff confirmed their understanding of the responsibilities of registration with the Northern Ireland Social Care Council (NISCC).

The home's adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the deputy manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The deputy manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the deputy manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The deputy manager confirmed there were restrictive practices employed within the home, notably a keypad entry system and pressure alarm mats. Discussion with the deputy manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

An inspection of the Statement of Purpose and Residents' Guide identified that restrictions were adequately described.

The deputy manager confirmed there were risk management policy and procedures in place. These included risk assessments for residents who smoked, hot surfaces, falls and wardrobes. The deputy manager also confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. An example of a recent (12 May 2017) LOLER (NI) 1999 regulation inspection on hoists and stair lift was inspected and found to have no recommendations.

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The home was clean and tidy with evidence that a programme of redecoration had been put in place in many areas. The communal lounge was comfortable and had a homely appearance. Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items.

Inspection of the internal environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. One area of improvement was identified to remove a trailer of discarded wooden furnishings which was obstructing the laundry exit door. There were no other obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 11 April 2017. An action plan had been submitted to the home's aligned estates inspection detailing how the 14 recommendations made from this assessment will be dealt with.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas of good practice

There were examples of good practice found in respect of this domain during this inspection in relation to staffing and adult safeguarding.

Areas for improvement

One area of improvement was identified in respect of this domain during the inspection. This was in relation to the need to removal of a trailer of discarded wooden furnishings which was obstructing the laundry exit door.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

An inspection of three residents' care records was undertaken. The care records were generally disorganised with excess old information filed. However they were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments and care plans. Care needs assessment and risk assessments such

as manual handling, nutrition and falls were reviewed and updated on a regular basis or as changes occurred. The deputy manager reported that she has a clear plan to upgrade the care records.

An inspection of residents' progress records confirmed that a daily statement of health and well-being of the resident was maintained.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. However an area of improvement was identified with actions that were agreed at a care review meeting not being acted on, as found evident in an inspection of two residents' care review records.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. This was reflective on their knowledge of individual residents' needs, likes and dislikes, such attire and personal care.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Records were stored safely and securely in line with data protection.

The deputy manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. However she informed the inspector that she had plans to up-grade the accessibility and transparency of the information in the care records.

The deputy manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff shift handovers and day to day contact with management.

Staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

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.

Areas of good practice

There were examples of good practice found in respect of this domain during this inspection in relation to communication with residents.

Areas for improvement

One area of improvement was identified in respect of this domain during the inspection. This was in relation to recording clear evidence that any agreed actions at a care review meeting are acted on.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

The deputy manager confirmed that staff in the home promoted a culture and ethos that supported the core values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care.

Discussion with staff and inspection of care records confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Observation of care practice confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. For example staff were observed to assist a resident who was seated in an uncomfortable position in her chair.

An inspection of a sample of residents' progress records found that issues such as pain or discomfort had a recorded statement of care/treatment given and effect of same.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

The deputy manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with residents and observation of care practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. For example staff attended to residents' dietary and fluid needs in an organised manner affording choice and necessary levels of assistance. Staff were also observed to take time and talk with residents and made them feel comfortable and at ease. The cook also was observed to take note of who had had their breakfast and if someone who had a lie in would like their breakfast later.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included care review meetings and day to day contact with management.

Discussion with residents, staff and observation of practice confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents were relaxing, watching television, enjoying the company of one another or resting. A planned programme of activity was in place for which residents who partook in enjoyed.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

The inspector met with all the residents in the home at the time of this inspection. In accordance with their capabilities, all confirmed/indicated that they were happy with their life in the home, their relationship with staff, the provision of meals and the general atmosphere in the home. Some of the comments made included statements such as;

- “They have fairly helped me here. I feel a lot better for coming here”
- “It’s marvellous. It couldn’t be any better and the food is excellent”
- “No grumbles. I am very happy here and the staff go the extra mile for you. They are lovely”
- “They are all very good here. Everyone one of them”

Areas of good practice

There were examples of good practice found in respect of this domain during this inspection in relation to feedback from residents and general observations of care practices.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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

The deputy manager advised that the needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents’ Guide and information on same displayed.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. The last recorded expression of complaint was 28 February 2017. Arrangements were in place to share information about complaints and compliments with staff.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable events from 3 September 2017 confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Discussion with the deputy manager confirmed that information in regard to current best practice guidelines was made available to staff. Inspection of staff training records confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. One member of staff spoke with enthusiasm on how she and another staff member were being supported to undertake their NVQ Level 3 award in care.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

Discussion with the deputy manager identified that she had good understanding of her role and responsibilities under the legislation. The registered provider visits the home on a regular basis.

Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. Staff confirmed that they would have no hesitation in reporting any such concerns and felt these would be addressed properly. Staff also confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The deputy manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas of good practice

There were examples of good practice found in respect of this domain during this inspection in relation to maintenance of good working relationships.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27.5 Stated: First time To be completed by: 2 February 2018	The registered person shall remove the trailer of discarded wooden furnishings which was obstructing the laundry exit door. Ref: 6.4
	Response by registered person detailing the actions taken: Completed
Area for improvement 2 Ref: Standard 11.5 Stated: First time To be completed by: 27 February 2018	The registered person shall record clear evidence that any agreed actions at a care review meeting are acted on. Ref: 6.5
	Response by registered person detailing the actions taken: Will put this in practice immediately

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



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