



Unannounced Care Inspection Report 28 January 2020



Clairville

Type of Service: Residential Care Home

Address: 62 Bann Road, Rasharkin BT44 8SZ

Tel no: 0282954 1139

Inspectors: Marie-Claire Quinn and Norma Munn

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 who have been assessed as requiring care under the categories listed in section 3.0 below.

3.0 Service details

Organisation/Registered Provider: Clairville Responsible Individual: Veronica Reid	Registered Manager and date registered: Veronica Reid 1 April 2005
Person in charge at the time of inspection: Wendy Dickie, deputy manager	Number of registered places: 17
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 PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	Total number of residents in the residential care home on the day of this inspection: 16

4.0 Inspection summary

An unannounced inspection took place on 28 January 2020 from 10.05 hours to 14.35 hours.

This inspection was undertaken by care inspectors.

The inspection assessed progress with all areas for improvement identified in the home 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 the person centred care planning and the delivery of care.

Areas requiring improvement were identified in relation to staff supervision and staff annual appraisals. One care record required review of falls and pain management assessments and to the care plan for the management of pain.

Residents described living in the home as being a good experience and told us they felt happy and well looked after. Residents unable to clearly voice their opinions were seen to be relaxed and comfortable in their surroundings and when interacting with staff and other residents.

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
Total number of areas for improvement	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Wendy Dickie, 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 inspection dated 8 & 16 July 2019

The most recent inspection of the home was an unannounced care and medicines management inspection which was undertaken on 8 and 16 July 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 findings from the previous inspections and any other written or verbal information received, for example serious adverse incidents.

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. Details of any responses are included in the report below.

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

- staff training schedule January- June 2020
- three staff recruitment records
- staff supervision and annual appraisal schedule
- a sample of senior staff competency and capability assessments
- minutes of staff meetings dated 19 June 2019 and 24 August 2019

- care records of three residents
- a sample of governance audits
- monthly monitoring reports dated 28 October 2019, 29 November 2019 and 20 December 2019
- RQIA registration certificate

Areas for improvements 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 last care inspection dated 16 July 2019

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 21. - (1) (b), Schedule 2 Stated: Third and final time	The registered person shall ensure that all staff are recruited in line with legislation and appropriate records are retained.	Met
	Action taken as confirmed during the inspection: Review of the recruitment records of three staff and discussion with the deputy manager established that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 14. – (2) (c) Stated: First time	The registered person shall ensure, as far as reasonably practicable, that unnecessary risks to the health, welfare and safety of residents are identified and so far as possible eliminated. This is specifically in relation to the secure management and storage of hazardous substances.	Met
	Action taken as confirmed during the inspection: Inspection of the environment and observation of staff practice confirmed that this area for improvement has been met.	

6.2 Inspection findings

6.2.1 Residents' views

The residents we spoke with confirmed they were content living in the home and that staff were kind to them. We observed relaxed and positive interactions between staff and residents throughout the inspection. Specific comments from residents included:

- "Full marks. Staff are brilliant. They get me anything I need."
- "It's a great place, a brilliant home. Staff keep my room very clean."
- "I have no complaints, I'm very happy."
- "Good food."

We spoke with one resident who reported they were experiencing some pain. This was reported to staff to address during the inspection.

Following the inspection, five questionnaires were returned by residents who confirmed they were very satisfied that the care in the home was safe, effective and compassionate and that the home was well led. One resident told us:

- "I am very happy at this residential home. It is lovely."

6.2.2 Care delivery

Residents were well presented and it was clear that staff had given them time and support to attend to their appearance and personal care.

Residents were treated with dignity and respect; staff supported residents to be independent where possible. Staff provided residents with choice throughout the day including where they wished to eat, what they wished to eat and drink, and how they wanted to spend their time.

Discussion with staff confirmed that a person centred approach underpinned care delivery in the home. Staff were able to describe residents individual preferences, needs and wishes in detail. This was used to help plan and deliver care, for instance, some residents required a low sugar diet due to diabetes.

We spoke with a district nurse who was visiting the home on the day of inspection. They reported that the residents were well looked after, staff were attentive to the residents and she had no concerns regarding care delivery in the home. Care staff were adhering to guidance regarding the management of wound care, and this was having a positive impact on the residents' health.

6.2.3 Staffing levels

No concerns regarding staffing levels were raised by residents or staff during the inspection.

We saw care being delivered in a calm and unhurried manner. Staff anticipated and responded to residents' needs in a prompt and caring manner.

Following the inspection, one staff member responded to our online survey. They confirmed they were very satisfied that the care in the home was safe, effective and compassionate and that the home was well led.

6.2.4 Staff training and support

The person in charge outlined the current staff training arrangements in the home. We discussed the need to ensure that all staff complete online training in relation to the partial implementation of the Mental Capacity Act (NI) 2016.

Review of records and discussion with staff confirmed there were sufficient systems in place for staff to raise any issues or concerns with management in the home. Discussion with management during and after the inspection confirmed that any concerns raised by staff with management or with RQIA were taken seriously, investigated and appropriate action taken as required.

We did identify a shortfall regarding the frequency and planning of staff supervision and annual appraisals. Two areas for improvement under standards have been made regarding this.

6.2.5 Environment

The home was clean, tidy and warm.

We discussed ways the home can improve infection prevention and control measures. For instance, the practice of decanting liquid hand soap from large containers to small unlabelled containers will cease.

We identified some areas where the home's environment could be improved. This included additional storage arrangements and the removal/repair of some broken furniture including chairs, one shower head, foot operated pedal bins and toilet brushes in bathrooms. Correspondence with the home's management following the inspection confirmed that identified issues had been addressed; therefore an area for improvement was not required on this occasion.

6.2.6 Care records

Care records were holistic and person centred, containing a good level of detail on resident's personal history and social, cultural and spiritual needs. Residents' individual preferences and wishes, such as their daily routines, hobbies and interests and dietary likes and dislikes were included.

We noted that some sections in care records were not fully dated and management agreed to review this. We also asked the home to review the needs and risk assessments for one resident in relation to falls and pain management, to be completed in conjunction with their G.P. An area of improvement was made. Another area of improvement was made in relation to the completion of a specific care plan for pain management for the same resident.

Areas of good practice

Evidence of good practice was found in relation to the person centred care planning and the delivery of care.

Areas for improvement

Areas requiring improvement were identified in relation to staff supervision and staff annual appraisals. One care record required review of falls and pain management assessments and to the care plan for the management of pain.

	Regulations	Standards
Total number of areas for improvement	0	4

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Wendy Dickie, 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 24.2 and 24.3 Stated: First time To be completed by: ongoing	<p>The registered person shall ensure that staff have recorded individual, formal supervision no less than every six months for staff who are performing satisfactorily. Supervision sessions are planned in advance and dedicated time set aside.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Formal supervision recorded dates, times and planned for 6mths ahead.</p> <p>VERONICA REID</p>
Area for improvement 2 Ref: Standard 24.5 Stated: First time To be completed by: ongoing	<p>Staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Annual appraisals have been formalised signed and dated</p> <p>Veronica Reid</p>
Area for improvement 3 Ref: Standard 5.5 Stated: First time To be completed by: with immediate affect	<p>The registered person shall ensure that pain and falls risk assessments for the identified resident are kept up-to-date to accurately reflect the needs of the resident.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: pain and falls risk assessments are all up to date in care plans</p> <p>Veronica Reid</p>

Area for improvement 4 Ref: Standard 6.2 Stated: First time To be completed by: with immediate affect	The registered person shall ensure that the care plan for the identified resident regarding pain management include details of the management of any identified risks, strategies or programmes to manage specified behaviours. Ref: 6.2.6
	Response by registered person detailing the actions taken: Care plan updated to include all of the above. Veronica Reid

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
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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