



Unannounced Care Inspection Report 8 and 16 July 2019



Clairville

Type of Service: Residential Care Home
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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 in the categories of care outlined 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 Veronica Reid, responsible individual, briefly joined at the start of the inspection.	Number of registered places: 17 No more than two persons in Category PH. No more than six persons in category DE.
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: 15

4.0 Inspection summary

An unannounced medicines management inspection took place on 8 July 2019 from 10.00 hours to 12.00 hours. An unannounced care inspection took place on 16 July 2019 from 12.00 to 17.00 hours.

The inspections assessed progress with all areas for improvement identified in the home during and since the last medicines management and care inspections 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 calm and homely atmosphere, standard of maintenance of medicine records, the storage of medicines and the management of controlled drugs, delivery and review of care, the culture and ethos of the home, management of accidents and incidents and maintaining good working relationships.

One new area requiring improvement was identified in relation to effective Control of Substances Hazardous to Health (COSHH) procedures. An area for improvement regarding recruitment records has been restated for the third and final time.

Residents told us they were happy living in the home and felt safe and well cared for. Residents who were unable to or declined to speak with us looked relaxed and comfortable in their surroundings.

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

The findings of this report will provide the homewith 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	*2	0

*The total number of areas for improvement includesone regulation which has been stated for the third and final time.

Details of the Quality Improvement Plan (QIP) were discussed with Wendy Dickie, deputy manager, and Veronica Reid, registered provider and manager during and followingthe inspection process. The timescales for completion commence from the date of inspection.

Enforcementaction did not result from the findings of this inspection.

4.2 Action/enforcementtaken following the most recent inspection dated 21 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 21 January 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 last 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.Four responses were received and respondents stated they were satisfied or very satisfied with the care provided in the home.

A poster was provided for staff detailing how they could complete an electronic questionnaire. Three staff responded with mixed views; their feedback was relayed to the manager following the inspection.

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

- staff duty rota from 15 July 2019 to 28 July 2019
- recruitment records of three members of staff
- staff training matrix
- legionella risk assessment action plan
- fire safety checks
- the care records for three residents
- activities schedule
- a sample of audits including accidents and incidents and environment from February - May 2019
- monthly monitoring reports dated 23 February 2019, 28 March 2019, 25 April 2019, 23 May 2019 and 28 June
- management of distressed reactions, pain, controlled drugs, antibiotics, warfarin
- personal medication records, medicine administration records, medicines requested, received and transferred/disposed
- medicine management 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 outstanding areas for improvement from previous inspection(s)

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: Second time	The registered person shall ensure all staff are recruited in line with legislation and appropriate records are retained. Ref: 6.2	Not met
	Action taken as confirmed during the inspection: Two of the three recruitment records we reviewed were unacceptable, due to lack of timely Access NI and Northern Ireland Social Care Council (NISCC) registration. One recruitment record contained only one	

	<p>reference. The deputy manager began to address this on the day of inspection. Discussion with the manager following the inspection identified that this had been an oversight and the manager confirmed that immediate action had been taken to address the issues identified. We agreed on the importance of robust recruitment systems and records. This has been stated as an area of improvement for the third and final time.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 13.7</p> <p>Stated: Second time</p>	<p>The registered person shall put in place an up to date legionella risk assessment.</p> <p>Confirmation also needs to be submitted to the aligned estates inspector of actions taken in response to any recommendations made from this assessment.</p> <p>Ref: 6.2</p> <p>Action taken as confirmed during the inspection: Actions from the legionella assessment completed in October 2018 were being actioned appropriately. This had been an area of improvement at the last care inspection and has now been met.</p>	Met
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 29.4</p> <p>Stated: Second time</p>	<p>The registered person shall ensure all staff complete fire safety training at least twice every year.</p> <p>Ref: 6.2</p> <p>Action taken as confirmed during the inspection: We confirmed that fire safety training had taken place on 11 February 2019 and further date arranged for 27 August 2019.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 5</p> <p>Stated: First time</p>	<p>The registered person shall review and update the assessment of needs for the identified resident.</p> <p>Ref: 6.5</p>	Met

	<p>Action taken as confirmed during the inspection: Discussion with the deputy manager and review of one care record for another resident with similar needs confirmed that this had been addressed.</p>	
<p>Area for improvement 3 Ref: Standard 6.6 Stated: First time To be completed by:28 January 2019</p>	<p>The registered person shall ensure the care plan for an identified resident is updated regarding the management of an identified condition.</p> <p>Ref: 6.5</p> <p>Action taken as confirmed during the inspection: Discussion with the deputy manager and review of one care record for another resident with similar needs confirmed that this had been addressed.</p>	Met

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.

There was a calm and pleasant atmosphere in the home. Staff were attentive and responded promptly to residents. No concerns regarding staffing levels were raised by residents or staff during the inspection. Residents commented:

- “I couldn’t complain! It’s marvellous! My clothes are clean. They keep my room very clean and I have high standards as I used to work as a cleaner.”
- “I am safe and happy. I like my room as it’s quiet and I have my own bathroom.”
- “Yes, there is enough staff.”

Staff’s comments included:

- “I’ve worked here for twenty years and I love it. I love the residents and the team. There are enough staff on, and we have time to do our paperwork too.”
- “There’s a nice, friendly atmosphere. It’s a home for the residents and they are happy here.”

The home was clean, warm and tidy. The wardrobe and sink in one bedroom required minor repairs; otherwise bedrooms were maintained to a high standard. Staff wore aprons and gloves when required, and hand hygiene was promoted throughout the home.

Discussion with staff confirmed that they were aware of how to raise any concerns in relation to adult safeguarding or whistleblowing: "Residents are well cared for and happy. I've never had a reason to worry."

Review of staff training matrix was satisfactory. Staff confirmed their training was up to date. The deputy manager outlined improvements made to the home's fire training and changes to the fire risk assessment.

We noted that confidential waste was not securely stored; the deputy manager removed this and explained that this was due to be fully disposed of within the week.

There were several areas in the home where staff had failed to maintain effective Control of Substances Hazard to Health (COSHH) procedures. The deputy manager began to rectify this during the inspection however additional storage arrangements were required. The manager agreed to address this immediately. This has been stated as an area for improvement.

Medicines Management

Medicines were 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. Audits which cover all areas of medicines management were performed regularly, discrepancies investigated and records maintained. The sample of medicines examined had been administered in accordance with the prescriber's instructions.

Medicines records 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the calm and homely atmosphere, standard of maintenance of medicine records, the storage of medicines and the management of controlled drugs.

Areas for improvement

One new area for improvement was identified within this domain in relation to COSHH.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

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

We saw care being delivered by staff in a calm and organised manner. There was a good rapport between residents and staff. Staff were friendly and cheerful, and residents appeared comfortable in their interactions with them. Residents were positive about their experiences living in the home:

- “Staff are very kind.”
- “The church choir were here on Sunday. A man was playing the accordion! I was singing along.”
- “I like listening to my music, I have CDs here. I like to listen to hymns. The church were here on Sunday and it was lovely. I do wish they came more often. Other residents get communion every week.”

We received a feedback questionnaire from one family member who stated: “I visit (my relative) regularly at various times. The standard of care on any visit is of a consistently high standard. Most of the staff have worked here since (my relative) arrived therefore they know them (my relative) well which is reassuring for us as a family.”

Staff confirmed that they felt there was good communication in the home and that they were kept up to date through handovers, staff meetings and supervision. The activities schedule was displayed in the home using both written and pictorial formats. Staff told us: “Activities vary every day, today is games.”

Review of care records was adequate. Needs assessments, such as moving and handling, mobility, and nutritional awareness were regularly reviewed. Care plans were holistic, person centred and evaluated on a monthly basis to ensure they remained relevant and effective. The home maintained close liaison with multi-agency professionals as required, such as district nursing, diabetic nurse and podiatry.

Annual care reviews had been completed with the involvement of residents and their relatives. Any practices which may restrict residents’ freedom or rights were reviewed and agreed in conjunction with multi-agency professionals. The home had received positive feedback about the care being provided to residents, with the consistency and low turnover of staff being highlighted by families as positively contributing to their relative’s health.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to delivery and review of care.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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.

We saw lovely interactions between residents, who maintained close friendships. Residents sat happily chatting, and would choose to sit with friends in the lounge or dining room. Residents were encouraged to be independent, where possible and confirmed that staff supported them:

- “Staff are wonderful! They wash my hair and put rollers in. I like to be nice.”
- “Staff are nice, they get me into bed when I want an early night.”

We saw staff interact with residents in a dignified and respectful manner. Staff knocked bedroom doors before entering, sought verbal consent before providing personal care which was offered in a discreet manner. Staff were aware of residents’ specific needs and preferences: “You make sure they have the music and television show that they like, get them comfortable like with their favourite blanket.”

Residents were offered choice throughout the day, including which activities they would like to engage in, where they would like to eat their meals, and what they wanted to eat and drink. We spoke with one resident who explained how staff arranged for her to have her evening meal later than other residents, due to her small appetite, which she appreciated. We saw other residents enjoying a lie down after lunch, or taking their time to finish their dessert and enjoy the view from the dining room.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Staff confirmed that the manager and deputy manager were approachable, accessible and effective:

- “You can go to them for anything, I know I can talk to them and they are supportive.”
- “It’s (the home) well managed. Management will address issues, but I have no complaints.”

The deputy manager and a senior care assistant have completed additional management qualifications and report that the manager has been supportive with this.

Relevant information was displayed throughout the home such as hairdressing and podiatry costs and the feedback from annual questionnaires. The home’s RQIA registration certificate was also on display.

The home’s complaints procedure was visible throughout the home; no complaints had been received. Several compliments had been received, with thank you cards from residents and relatives on display. One resident commented, “The manager is great and I could go to her if I had any issues but I don’t!”

Review of accidents/incidents log confirmed that these were appropriately managed and reviewed in the home. Relevant events were notified to RQIA in line with standards.

Audits were completed on a monthly basis. We discussed with the deputy manager how these could be used more effectively to drive quality improvement in the home. For instance, environmental audits could incorporate monitoring of COSHH arrangements, which had been identified as an area for improvement (see section 6.3).

Areas of good practice

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

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	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 Wendy Dickie, deputy manager, and Veronica Reid, registered provider and manager during and following 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 providers 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	
Area for improvement 1 Ref: Regulation 21. - (1) (b), Schedule 2 Stated: Third and final time To be completed by: with immediate effect	<p>The registered person shall ensure that all staff are recruited in line with legislation and appropriate records are retained.</p> <p>Ref: 4.0 &6.3</p> <hr/> <p>Response by registered person detailing the actions taken: All staff are recruited in line with Legislation. New tick box sheet has been made out with a list of all appropriate needed for records</p>
Area for improvement 2 Ref: Regulation 14. – (2) (c) Stated: First time To be completed by: with immediate effect	<p>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.</p> <p>Ref: 4.0 & 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: All hazardous substances is under lock and key and improvements have been made.</p>

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



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