



The Regulation and
Quality Improvement
Authority

Clairville
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**Unannounced Care Inspection
of
Clairville**

18 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 18 June 2015 from 11.00 to 17.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	2

The details of the QIP within this report were discussed with the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mrs Veronica Reid	Registered Manager: Mrs Veronica Reid
Person in Charge of the Home at the Time of Inspection: Mrs Veronica Reid	Date Manager Registered: April 2005
Categories of Care: RC-PH, RC-DE, RC-I, RC-MP(E), RC-PH (E)	Number of Registered Places: 17
Number of Residents Accommodated on Day of Inspection: 15	Weekly Tariff at Time of Inspection: £470

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: **The death of a resident is respectfully handled as they would wish.**

Theme: **Residents receive individual continence management and support.**

4. Methods/Process

Prior to inspection the following records were analysed: Notifications of accidents and incidents and the returned Quality Improvement Plan form the previous inspection.

During the inspection we met with 14 residents, three care staff, two visiting professionals and two resident's visitors/representatives.

The following records were examined during the inspection:

- Four Care Records
- Accident and Incident notifications
- Relevant policies and procedures
- Fire Safety Risk Assessment
- Staff training records
- Compliment and complaint records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced estates inspection dated 25 November 2014. The completed QIP was returned and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (4) (d) (v)	The registered person shall make adequate arrangements – for reviewing fire precautions, and testing fire equipment, at suitable intervals; Reference to this is made to the fact that weekly and monthly fire warning systems and equipment should be tested consistently at regular intervals.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>We reviewed the records for weekly and monthly fire warning systems checks these were found to be maintained on an up to date basis.</p>	
Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 2</p> <p>Ref: Standard 10.1</p>	<p>The policy and procedure relating to the management of aggression should be developed further along with a policy relating to the use of restraint in the home. Relevant information including the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) should be incorporated into homes policies and procedure. The policy and procedure should also include the need for Trust involvement in managing behaviours which challenge and detail that RQIA must be notified on each occasion restraint is used.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>We reviewed the homes policy and procedure relating to the management of aggression this had been developed further using the relevant reference sources. The need to inform RQIA on any occasion restraint is used was also included.</p>	
Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 2</p> <p>Ref: Standard 10.1</p>	<p>Staff should complete training in relation to managing challenging behaviour on an annual basis as stated in RQIA Guidance on Mandatory Training 2012.</p>	Not Met
	<p>Action taken as confirmed during the inspection:</p> <p>Staff had not completed training in relation to managing challenging behaviour.</p> <p>This recommendation is restated in the QIP.</p>	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 3 Ref: Standard 6.3	Care plans should be signed by the resident or where appropriate their representative. If the resident is unable or unwilling to sign this also should be documented.	Met
	Action taken as confirmed during the inspection: We reviewed four care plans these were signed by the resident or their representative.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 4 Ref: Standard 13.2	A structured programme of activities should be developed in consultation with residents to ensure that there is a good range of enjoyable and meaningful activities available on a regular basis.	Partially Met
	Action taken as confirmed during the inspection: There was some evidence in the home to show this had been developed further, this was reflected through photographs and an activities template that was on display. However the programme should be developed further by gathering the views of residents regarding their preferred activities. This recommendation is restated in the QIP.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 5 Ref: Standard 13.4	A clear, visually stimulating format should be developed to display the programme of activities in the home so residents and their representatives know what activities are scheduled	Partially Met
	Action taken as confirmed during the inspection: An activities template had been developed however this should be made more visually stimulating through the use of pictures to ensure residents are aware of what activities are scheduled. This recommendation is restated in the QIP.	

5.3 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

Is Care Safe? (Quality of Life)

The registered manager confirmed that residents can spend their final days in the home unless there is a documented health care need to prevent this.

Through discussions with the registered manager and three care staff they confirmed that residents and those identified as important to them are involved in decisions about their treatment and care. Staff confirmed that the home works closely with other health care professionals including the residents General Practitioner and the district nursing service. Staff also confirmed that any changes in the residents' condition would be monitored closely and reflected in their assessment and documented in their care plan.

In our discussions staff talked about liaising closely with residents families and the need to keep family members informed about any changes in the residents condition. Spiritual support is available for residents on a regular basis with frequent visits from local ministers and lay groups.

Is Care Effective? (Quality of Management)

The home had a policy and procedure in place on dying and death. The policy contained relevant information regarding the provision of holistic care for the dying. We inspected four care records. All of these records contained relevant information relating to the residents wishes in the event of their death. Information included residents' spiritual preferences, next of kin details and specific funeral arrangements.

In relation to handling the deceased resident's belongings, the registered manager confirmed to us that this is respectfully left to the family of the resident. The registered manager also confirmed that families are given all the time they need to remove the items.

Is Care Compassionate? (Quality of Care)

In our discussions with the registered manager and staff they confirmed that the needs of the dying resident are met with a strong focus on dignity and respect. Staff informed us that information is communicated sensitively to family members who are given privacy and time to spend with their loved one.

The registered manager confirmed that following the death of a resident other residents are informed in a sensitive manner. Residents and staff have the opportunity to pay their respects and are provided with support if needed. Staff confirmed to us that there was a supportive ethos with the management of the home in helping staff to deal with dying and death.

We reviewed a sample of compliment cards. These were received from families of deceased residents. These cards contained words of praise and gratitude for the compassion and kindness received during this period of care.

Areas for Improvement

There were no areas of improvement in relation to this standard. This standard was assessed to be safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

We inspected four care records. One of these records reflected an individualised assessment and plan of care regarding continence management. Two care records stated that the residents were independent in this area. The registered manager confirmed to us that all issues of assessed need in regard to continence are referred to district nursing services. One of the care records lacked specific detail in relation to assessment and care planning for the residents continence needs. There was also a lack of clear information regarding personal care. The need to ensure care plans were detailed and include specific information regarding resident's individual needs was discussed with the registered manager. One requirement was made in this regard.

Is Care Effective? (Quality of Management)

The home had a policy in place entitled Continence Management. We made a recommendation that the policy should be developed to include information regarding urinary incontinence. The manager confirmed to us training in continence management had not been provided. One recommendation was made in regard to staff training.

We observed adequate supplies of aprons, gloves and hand washing dispensers throughout the home. Staff confirmed there was always a good supply of these products in the home. No malodours were identified.

Is Care Compassionate? (Quality of Care)

In our discreet observations of care practices we found that residents were treated with dignity, care and respect when being assisted by staff. Continence care was undertaken in a discreet and private manner.

Areas for Improvement

We identified three areas for improvement in relation to this theme. One requirement was made in relation to one care plan. Two recommendations were made relating to the Continence Management policy and training for staff.

Number of Requirements:	1	Number of Recommendations:	2
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5.5 Additional Areas Examined

5.5.1 Residents Views

We spoke with 10 residents individually and others in groups. In accordance with their capabilities all expressed or indicated that they were happy with their life in the home, their relationship with staff and the care provided.

Some of the comments from residents included:

- "We are all well looked after here, I am glad I am here"
- "They (the staff) are very kind here; I have all that I could want".
- "It is great; you couldn't ask for better, everyone is very kind".
- "I like to go for walks outside, the food is good, everyone is kind and helpful".

5.5.2 Relatives/representatives views

We met with two visiting relatives/representatives who shared their experience of visiting the home.

Comments received included:

- "This place is great, so much attention, care, food, staff. You couldn't get any better".
- "The staff are very considerate, we know he/she is well looked after. No complaints from us, we are glad that he / she is here".

5.5.3 Visiting Professional Views

We spoke with two visiting professionals in the home on the day of inspection. They stated that the home was always clean and staff were welcoming regardless of what time they visited.

5.5.4 Assessment of Need

Through our observations and inspection of one identified residents care records we noted that there had been a significant change in care needs over recent months. We also noted that the resident had not had a care review since April 2014. This issue was discussed with the registered manager who informed us that the care review for the identified resident had been delayed due to staff issues in the referring Trust. We informed the registered manager that should the home have difficulty in getting dates for a care review from the referring Trust they should continue to pursue this matter with the trust and record details of same. The registered manager informed us by the end of the inspection that a care review was planned for the resident the following week.

We made a requirement that the assessment of need for residents should be kept under review and revised at any time with any changes in the resident's circumstances.

5.5.5 Compliments and complaints

The home had received several compliments. The registered manager confirmed that no complaints had been received since 2013. Records available confirmed this.

5.5.6 Accidents/incidents

We reviewed the accident and incident notifications since the previous inspection; these had been reported and managed appropriately.

5.5.7 General Environment

We found that the home was clean and tidy with no malodours present. The décor and furnishings were generally in good order. However we noted that the carpet on the stairs and landing was raised in parts creating a trip hazard. We made a requirement that the carpet should be securely re fitted in this area.

5.5.8 Fire Safety

We inspected the fire safety training records which showed staff had completed fire safety training and a fire safety drill in May 2015. The homes Fire Safety Risk Assessment had been updated in May 2015.

We observed fire doors in the living room/sun lounge area being propped open with chairs. Residents were observed to be sitting in the chairs. This was discussed with the registered manager who informed us that the doors were open throughout the day and closed at night. The need to keep these doors clear at all times was raised. The registered manager was also informed that if the doors need to be open throughout daytime hours these should be fitted with automatic self-closing devices. This information was shared with RQIA estates inspectorate.

A requirement was made in this regard.

Number of Requirements:	2	Number of Recommendations:	0
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Veronica Reid registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to RQIA's office and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 16.(1)</p> <p>Stated: First time</p> <p>To be Completed by: 10 September 2015</p>	<p>The registered manager must ensure that the care plan for one resident clearly and specifically identifies how the individuals care, health and welfare are to be met.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All residents care plans are ammended to each individuals care and specification needs.</p>
<p>Requirement 2</p> <p>Ref: Regulation 15.(2)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection and ongoing.</p>	<p>The registered manager must ensure that the assessment of need for resident's is kept under review and revised when necessary with any changes in the resident's circumstances.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Reviewed and revised in each residents circumstances and changes are being recorded and updated.</p>
<p>Requirement 3</p> <p>Ref: Regulation 27.(2) (b)</p> <p>Stated: First time</p> <p>To be Completed by: 25 June 2015</p>	<p>The registered manager should ensure that the carpet on the stairs and landing area is securely fitted.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Carpet and stairs in landing has been securely fitted.</p>
<p>Requirement 4</p> <p>Ref: Regulation 27(4)(d)(i)</p> <p>Stated: First time</p> <p>To be Completed by: 13 August 2015</p>	<p>The registered manager must ensure fire doors are not propped open. If these doors need to be held open they should be fitted with automatic closing devices which activate in the event of a fire.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All doors have been fitted with the automatic closing devices, since inspection.</p>

Recommendations	
Recommendation 1 Ref: Standard 9.2 Stated: First time To be Completed by: 10 September 2015	<p>The registered manager should ensure all care staff complete training in relation to continence management.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Incontinence nurse has been inundated with requests of late. She will advise of a date for training at her earliest convenience. Most probably September 2015.</p>
Recommendation 2 Ref: Standard 21.1 Stated: First time To be Completed by: 27 August 2015	<p>The registered manager should ensure that the home's policy on the management of continence is updated.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Policy has been updated.</p>
Recommendation 3 Ref: Standard 10.1 Stated: Second time To be Completed by: 13 August 2015	<p>Staff should complete training in relation to managing challenging behaviour on an annual basis as stated in RQIA Guidance on Mandatory Training 2012.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All staff had training on site on 11th of August 2015.</p>
Recommendation 4 Ref: Standard 13.2 Stated: Second time To be Completed by: 13 August 2015	<p>A structured programme of activities should be developed in consultation with residents to ensure that there is a good range of enjoyable and meaningful activities available on a regular basis.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All residents were asked for their requests regarding what activities they would enjoy on a regular basis.</p>
Recommendation 5 Ref: Standard 13.4 Stated: Second time To be Completed by: 13 August 2015	<p>A clear, visually stimulating format should be developed to display the programme of activities in the home so residents and their representatives know what activities are scheduled.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A new activity board has been displayed in the home to reflect the needs and requests of the residents.</p>

Registered Manager Completing QIP	<i>V Reed</i>	Date Completed	<i>26/8/15</i>
Registered Person Approving QIP	<i>V Reed</i>	Date Approved	<i>26/8/15</i>
RQIA Inspector Assessing Response	<i>Bronagh Dwyer</i>	Date Approved	<i>15.9.15</i>

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address

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