



Unannounced Care Inspection Report 19 November 2020



Clairville

Type of Service: Residential Care Home
Address: 62 Bann Road, Rasharkin BT44 8SZ
Tel No: 028 2954 1139
Inspector: Marie-Claire Quinn

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 residential care home registered to provide residential care for up to 17 residents.

3.0 Service details

Organisation/Registered Provider: Clairville Responsible Individual: Veronica Reid	Registered Manager and date registered: Emma Reid, registration pending
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.	Number of residents accommodated in the residential home on the day of this inspection: 14

4.0 Inspection summary

An unannounced inspection took place on 19 November 2020 from 09.20 to 14.45 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

RQIA received information on 16 November 2020 regarding issues identified during a Northern Health and Social Care Trust Adult Safeguarding investigation. It is not the remit of RQIA to investigate adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

In response to this information RQIA decided to undertake an inspection to this home, focusing on the following areas:

- Infection Prevention and Control (IPC) measures
- staffing
- care delivery
- recording of care
- the home's environment
- management and governance arrangements.

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	1	*8

The areas for improvement include one standard which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Wendy Dickie, deputy manager, as part of the inspection process, and with Emma Reid, manager, following the inspection. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and returned QIP.

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.

A number of questionnaires and 'Tell Us' cards were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The following records were examined during the inspection:

- staff duty rota 16 November 2020 to 29 November 2020
- two staff recruitment records
- management oversight of staff's professional registration with Northern Ireland Social Care Council (NISCC)
- dates of staff supervision and annual appraisal
- care records for three residents

- accidents and incidents records
- a sample of governance records including audits and minutes of staff meetings.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance recorded as met or partially 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 previous inspection(s)

Areas for improvement from the last care inspection 28 January 2020		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 24.2 and 24.3 Stated: First time	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. Ref: 6.2.4	Met
	Action taken as confirmed during the inspection: Review of supervision records confirmed this had been met.	
Area for improvement 2 Ref: Standard 24.5 Stated: First time	Staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans. Ref: 6.2.4	Met
	Action taken as confirmed during the inspection: Review of appraisal records confirmed this had been met.	

Area for improvement 3 Ref: Standard 5.5 Stated: First time	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. Ref: 6.2.6	Partially met
	Action taken as confirmed during the inspection: Review of the resident's care record confirmed that an updated falls risk assessment was in place and remained under review. A pain risk assessment was not in place; therefore this area for improvement has been partially met and is stated for a second time.	
Area for improvement 4 Ref: Standard 6.2 Stated: First time	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	Met
	Action taken as confirmed during the inspection: Review of the care plan for the identified resident confirmed this area for improvement had been met.	

6.2 Inspection findings

6.2.1 Infection Prevention and Control (IPC) measures

On arrival staff took our temperature and ensured hand washing in line with current COVID-19 visiting guidance.

Care staff wore face masks throughout the inspection, and additional Personal Protective Equipment (PPE) when providing residents with direct personal care. PPE and hand sanitiser was readily available throughout the home.

On arrival one member of staff was wearing a cloth face. However the home sought guidance from the Public Health Agency and sourced suitable alternative face masks during and after the inspection.

We observed staff washing their hands before and after contact with a resident and/or their environment. Staff were knowledgeable regarding the importance of good hand hygiene and encouraging residents to do the same. Despite this good practice, we identified that some staff

were not adhering to IPC best practice, namely, wearing jewellery, nail polish and/or excessively long finger nails. An area for improvement was made.

The home had experienced a COVID-19 outbreak in April 2020; discussion with staff and management confirmed that staff remained vigilant and aware of how to minimise the risk of another outbreak. Weekly testing was commencing in the home. The manager outlined the measures they had taken to try and maintain social distancing in the home, while limiting any upset or distress to residents.

6.2.2 Staffing

We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support. No concerns were raised about staffing levels and staff told us they felt there was good team work in the home.

Staff were knowledgeable about resident's individual needs and preferences and confirmed there was good communication between staff and management. Staff demonstrated compassion for residents, especially when discussing residents who had passed away or had moved onto nursing care. Staff told us:

- "It's a great team here. This year has been so hard for the residents as they miss their family but Emma (staff) keeps them entertained – there's always plenty of craic in the lounge!"
- "I got a three day induction, and an extra two days for becoming a senior care assistant."
- "The care residents get here is the best I've ever seen. I love making sure they look nice, get their hair and nails done and stay occupied."
- "I have always treated the residents like family, like they were my parents."

The duty rota accurately reflected the care staff working in the home; however it did not include the manager's hours, or clearly highlight the person in charge of the home in the absence of the manager. Management also agreed that any changes to the rota must be made and signed off by management. An area for improvement was made.

The recruitment records of two recently employed members of staff included the necessary checks to ensure that staff were safe to work in the home.

The deputy manager was able to evidence that care staff were appropriately registered with NISCC, had supervision and annual appraisals. However the systems used to track this, such as matrix/schedules, were not being updated. This was discussed with the deputy manager in terms of ensuring robust systems of management oversight are maintained in the home. This was also further discussed in section 6.2.6.

Several new staff had very recently commenced working in the home. Inductions and competency and capability assessments were in place. Annual staff mandatory training had been held in February 2020; this included Adult Safeguarding and Manual Handling. However mandatory training for new staff had yet to be arranged. Management outlined plans to move entirely from direct to online training, but this was not yet in place. They also advised that newly employed staff had received mandatory training when working in another care setting, but were unable to provide written confirmation of this. An area for improvement was made.

Discussion with staff and management during the inspection confirmed their knowledge and understanding of their roles and responsibilities regarding Adult Safeguarding, including the whistle blowing policy and procedure. The manager outlined action taken as a result of a NHSCT Adult Safeguarding investigation. This included staff disciplinary procedures, improvements to communication systems between staff and management, and sharing the learning outcomes with staff. Following the inspection, the manager also shared their written response to the NHSCT Adult Safeguarding investigation with RQIA.

Three staff provided feedback after the inspection via the online staff survey. Two staff were very satisfied, and one staff very unsatisfied, that the care in the home was safe, compassionate, effective and that the service was well led. No specific comments were made. This feedback was shared with the manager for action and review.

6.2.3 Care delivery

There was a calm and quiet atmosphere throughout the inspection and residents were observed to be content and settled in their surroundings. When we arrived to the home, some residents were being supported by staff to get washed and dressed; others were still resting in their bedrooms, or eating breakfast in the dining room or enjoying each other's company in the lounge.

Residents looked well cared for; they were nicely dressed and wearing jewellery and make up, depending on their preference. Several residents had beautifully manicured nails, and told us how much they enjoyed choosing a colour and getting their nails done. Residents were bright, alert and cheerful. They were positive about their experiences living in the home:

- "Staff are so good to me. I can ask for anything and they fix it. I'm very happy."
- "I like it here; everyone is so friendly and nice. We have bingo and quizzes and I'm looking forward to Christmas arts and crafts."
- "The food is beautiful!"

There were good interactions between staff and residents throughout the inspection. Staff were attentive and kind towards residents, who were relaxed and comfortable in approaching and interacting with staff.

We observed the serving of the lunch time meal. This was a well organised and unhurried experience for the residents. Meals, including bread and desserts, were freshly prepared in the home. Low sugar options were offered and included as part of the daily menu; today's dessert was fresh fruit and yoghurt, and low sugar scones were served for supper. We saw that staff were helpful and attentive to residents, encouraging and assisting residents where necessary. Staff ensured to offer residents fresh hot and cold drinks throughout the day.

In the afternoon, several residents enjoyed a music quiz and singalong with staff. Residents appeared happy and content, laughing and joking with staff. Staff also confirmed plans for upcoming seasonal activities, including making and sending Christmas cards.

Following the inspection, questionnaires were returned from four residents and three relatives. All responded that they were very satisfied that the care in the home was safe, effective, compassionate and that the service was well-led.

6.2.4 Recording of care

Several improvements were required in care records. Pre-admission assessments lacked detail, particularly on resident's social, emotional and psychological needs. An area for improvement was made.

Care plans were in place to direct and guide staff on the personal care required for each resident, including management of falls and continence. However, one resident remained on a 'bridging' care plan which had not been reviewed and updated since their admission to the home earlier in the year. An area for improvement was made.

Further issues were identified as sections of care plans were generic and lacked individualised and specific guidance to direct staff on the care each resident required. For instance, a care plan for the management of mental health did not detail the specific strategies to be used with a resident experiencing anxiety. A care plan regarding skin care did not fully reflect the care and input being provided by staff to monitor and minimise the risk of skin breakdown. A care plan for the management of diabetes did not include sufficient dietary information. An area for improvement was made.

Despite these deficits, an area of good practice was identified as there were robust monthly care evaluations in place. These contained detailed and up to date information on resident's progress and any changes in their needs or presentation. Evaluations evidenced regular consultation with resident's relatives, G.P's, care managers and other multi-agency professionals as required.

Annual care reviews had also been completed with residents, their relatives and care managers. There were no current concerns identified regarding the suitability of the home for residents or care delivery. Similar arrangements were in place to review any residents subject to Deprivation of Liberty Safeguards (DoLS). As discussed in 6.2.2 and 6.2.6, we suggested management implement an updated matrix/schedule to maintain robust oversight of these reviews.

6.2.5 The home's environment

Resident's bedrooms and communal areas including lounges, bathrooms and the dining room were clean, tidy and well ventilated. Corridors and fire exits were accessible and free from clutter.

It was evident that the manager had commenced a programme of refurbishment in the home. For instance, seat cushions, foot operated pedal bins and toilet brushes had been replaced. Some bedrooms had been repainted and furniture replaced.

Some deficits in the overall management of the environment were identified. The staff bathroom required additional cleaning and its radiator cover needed to be repainted/replaced. An area for improvement was made.

Cupboards and the sluice were left unlocked and unsecured; this meant that items such as bleach were easily accessible. This had identified as an area for improvement in a previous care inspection, and we reiterated the need to more effectively manage environmental risks in the home. An area for improvement was made.

Management also agreed to use clinical waste bags and disposal service, and highlighted this had been difficult to source during the height of the COVID-19 pandemic.

6.2.6 Management and governance arrangements

Management acknowledged this had been a very challenging year, with changes to staff, management and an outbreak of COVID-19, but expressed optimism for a 'fresh start' and a new approach.

A new acting manager had been in place in the home since July 2020. Staff were positive about management arrangements in the home, stating they felt well supported, and that management were approachable and responsive. Staff told us, "I feel confident (with Emma, the manager) as she is straight down the line and black and white about how things should be."

Socially distanced/online staff meetings were held to keep staff up to date on current guidance and discuss how to improve the standard of care being provided in the home.

The manager had implemented quality improvement initiatives in the home, including a robust cleaning schedule, activity rota and system for maintaining good oversight of resident's weights. Information for staff was now available on a white board in the staff office, to improve communication and ensure more effective IPC measures. The home had also purchased an iPad to support residents to maintain contact with their families; this could also be used for listening to music or playing games.

A system was in place for the manager to monitor and review the quality of care and other services provided by the home, including complaints, fire safety, the home's environment and resident's personal care. However, this was insufficiently robust, and completed on an 'ad hoc' basis. Discussion with the manager confirmed they were aware of this issue, and keen to further develop and implement a planned system of audits. They also acknowledged that the current audit system did not capture and evidence their daily input and oversight of the home, including the quality improvement initiatives discussed above. Additional guidance was provided and an area for improvement was made.

Monthly monitoring visits and reports had not been completed since February 2020. Management explained this was due to the need to reduce footfall in the home during the COVID-19 pandemic. Alternative arrangements, including remote inspections, had not been considered or put in place. This was discussed during the inspection, and the home's registered provider will now conduct these unannounced monitoring visits, as they are no longer in day to day charge of the home. An area for improvement was made.

Areas of good practice

Areas of good practice were identified regarding care delivery, dining arrangements, activities and the manager's quality improvement initiatives. Residents gave positive feedback about their experiences living in the home.

Areas for improvement

Areas for improvement were identified in relation to hand hygiene, staff duty rota and records of staff training. Areas for improvement were also identified regarding pre-admission assessments, updated care plans and care plans for the management of mental health, skin

care and diabetes. One bathroom in the home required cleaning and repair, and cleaning products needed to be secured. Two areas for improvement were also made around governance systems in the home.

	Regulations	Standards
Total number of areas for improvement	1	7

6.3 Conclusion

The home was clean and tidy. Residents looked very well cared for and were happy and content. Staff attended to resident's needs in a prompt, kind and caring manner. There were friendly and relaxed interactions between staff and residents.

Areas for improvement are to be managed through the QIP below.

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, and with Emma Reid, manager, following the inspection. 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 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 14.-(2) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure as far as reasonably practicable, that any unnecessary risks to the health, welfare or safety of residents are identified and so far as possible eliminated; specifically to ensure that hazardous substances are kept securely stored at all times.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: <u>Unfortunate incident. error on part of bank staff member. The importance of hazardous substances being securley locked has been reiterated with all staff members. _____</u></p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 5.5</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a pain assessment for the identified resident is kept up-to-date to accurately reflect the needs of the resident.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: <u>_____A detailed assessment plan is now in place</u></p>
<p>Area for improvement 2</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>The registered person shall ensure that all staff employed in the home adhere to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual (PHA) Specifically that staff are bare below the elbow, keep finger nails short and do not wear jewellery or nail polish when on duty. Please refer to the following link for details: https://www.niinfectioncontrolmanual.net/hand-hygiene</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: <u>All staff have been reminded of the guidance provided by infection prevention and control. a notice has also been placed for their attention in the office. failure to comply will result in disciplinary action. _____</u></p>
<p>Area for improvement 3</p> <p>Ref: Standard 25.6</p>	<p>The registered person shall ensure a full and accurate record is kept of all staff working in the home over a 24-hour period and the capacity in which they worked. This must include the hours worked</p>

<p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>by the manager, and identify the person in charge of the home in the absence of the manager.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: <u>——Rota updated to reflect new managers hours and person in charge highlighted on white board daily.</u></p>
<p>Area for improvement 4</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>The registered person requires newly appointed staff to provide evidence of training most recently undertaken that fulfils mandatory training requirements.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: <u>——Newly appointed staff to provide evidence of recent mandatory training completed.</u></p>
<p>Area for improvement 4</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>The initial assessment details obtained at the time of referral are revised as soon as possible and at the latest within one month of the resident's admission, to ensure they are comprehensive. Assessments should also include details of: -</p> <ul style="list-style-type: none"> • The resident's social, emotional and psychological needs • Information about the resident's life history and current situation. <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: <u>——initial assessment details updated accordingly.</u></p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>Resident's individual comprehensive care plan is kept up-to-date and reflects the resident's current needs.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: <u>——care plans updated accordingly reflecting residents current needs.</u></p>
<p>Area for improvement 5</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>Individual comprehensive care plans should be in place for any resident who requires support with management of mental health, skin conditions or diabetes, detailing:</p> <ul style="list-style-type: none"> • The daily care, support, opportunities and services provided by the home and others • How information about the resident's lifestyle is used to inform

from the date of inspection	practice <ul style="list-style-type: none">• The management of any identified risks• Strategies or programmes to manage specified behaviours Ref: 6.2.4
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	<p>Response by registered person detailing the actions taken: _____<u>care plans updated accordingly</u></p>
<p>Area for improvement 6 Ref: Standard 27.1 Stated: First time To be completed by: from the date of inspection</p>	<p>The staff bathroom will be kept clean and the radiator cover will repainted/replaced so that it can be effectively cleaned. Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: _____<u>staff cleaning rota in place for bathroom and radiator cover replaced.</u></p>
<p>Area for improvement 7 Ref: Standard 20.10 Stated: First time To be completed by: from the date of inspection</p>	<p>The manager ensures working practices are systematically audited to ensure they are consistent with the home’s documented policies and procedures and action is taken when necessary. Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: _____<u>an systematic auditing system has been put in place by the manager.</u></p>
<p>Area for improvement 8 Ref: Standard 20.11 Stated: First time To be completed by: from the date of inspection</p>	<p>The registered person monitors the quality of services in accordance with the home’s written procedures and completes a monitoring report on a monthly basis. This report summarises any views of residents ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards. Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: _____<u>monica will carry out monthly audits.</u></p>

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



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