

# Unannounced Care Inspection Report 20 July 2017



## Clairville

**Type of Service: Residential Care Home**  
**Address: 62 Bann Road, Rasharkin, BT44 8SZ**  
**Tel No: 028 2954 1139**  
**Inspector: Bronagh Duggan**

[www.rqia.org.uk](http://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 which provides care for up to 17 residents including those who are frail elderly, living with dementia, physical and mental disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Clairville  <b>Responsible Individual(s):</b> Veronica Reid	<b>Registered Manager:</b> Veronica Reid
<b>Person in charge at the time of inspection:</b> Wendy Dickie, deputy manager	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> 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	<b>Number of registered places:</b> 17 comprising: No more than two persons in category RC-PH No more than 6 persons in category RC-DE

### 4.0 Inspection summary

An unannounced care inspection took place on 20 July 2017 from 11.00 to 18.00.

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 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 staff supervision and appraisal, infection prevention and control and communication between residents, staff and other key stakeholders.

Areas requiring improvement were identified in regard to the use of a cleaning schedule to be completed by all staff, ensuring the names of all staff and any learning outcomes are recorded following fire drills and the full completion of the three identified care plans.

Residents and their representatives said “there is a good choice of food”, “the staff are all very good” and “family are kept well informed of any changes”.

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
<b>Total number of areas for improvement</b>	0	3

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.

## 4.2 Action/enforcement taken following the most recent medicines management inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 June 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: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the previous inspection report and the returned QIP.

During the inspection the inspector met with nine residents individually and others in groups, three staff, two residents' visitors/representatives and the deputy manager.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Fourteen questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls), environment, equipment cleanliness
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Completed annual service user surveys
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

- Individual written agreement
- 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 16 June 2017

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 26 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 21.5 <b>Stated:</b> First time	The registered provider should ensure the systematic updating of the homes policies and procedures on a three yearly basis or more frequently should the need arise.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the deputy manager and review of the policies and procedures manual confirmed the majority of policies and procedures had been systematically updated. The deputy manager confirmed the small number remaining would be completed without delay.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 16.1 <b>Stated:</b> Second time	The registered provider should update the homes adult safeguarding policy and procedure to reflect the new regional adult safeguarding guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 and include plans to identify a safeguarding champion.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the deputy manager and review of the safeguarding policy and procedure confirmed this had been updated to reflect regional guidance. A safeguarding champion has been established.	

### 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, residents' representatives and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and 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 and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. The need to ensure all appraisal information is signed off by the line manager was discussed with the deputy manager.

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. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the deputy manager confirmed that no staff have been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

Arrangements were in place to monitor the registration status of staff with their professional body.

The 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. The deputy manager confirmed that there were plans in place to implement the new adult safeguarding procedures.

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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the deputy manager confirmed there had been no recent safeguarding referrals. The deputy manager confirmed any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and that written records would be retained.

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. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The deputy manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

The deputy manager confirmed there were risk management policy and procedures in place. Discussion with the deputy manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. fire safety etc.

The deputy manager confirmed that equipment in use in the home were well maintained and regularly serviced.

Staff training records confirmed that all staff had received training in infection prevention and control (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 deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Discussion with the deputy manager and staff confirmed that a range of cleaning duties were undertaken by care staff when the domestic staff member was off duty. The benefit of ensuring a cleaning schedule was completed daily to evidence tasks completed by all staff was discussed with the deputy manager and was identified as an area for improvement to comply with standards.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no 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 20 June 2017 and plans were in place to address any recommendations.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 4 April 2017. The need to record the name of all staff who participate and any learning outcomes from the fire drill was discussed with the deputy manager. This was identified as an area for improvement to comply with standards. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Fourteen completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from completed questionnaires were as follows:

- "The staff are always approachable, friendly and professional." (representative)
- "Great that (my relative) is here." (representative)

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, infection prevention and control and the home's environment.

### Areas for improvement

Two areas for improvement were identified including the introduction of a daily cleaning schedule for completion by all staff and to ensure the names of all staff and any learning outcomes are recorded following fire drills.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2



## 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.

Three care records were reviewed, they included an up to date assessment of needs, life history and risk assessments however it was noted the three care plans had not been fully completed to reflect the identified needs. This was identified as an area for improvement to comply with standards. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records 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. 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.

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. Audits of accidents and incidents (including falls), environment, and spot checks regarding residents' personal appearances were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. The benefits of recording (using unique identifier information) who had a fall or accident on audit records was discussed with the deputy manager. Further evidence of audit was contained within the annual quality report. The deputy manager confirmed questionnaires had been distributed to residents to complete for 2017 records available in the home confirmed this. The deputy manager confirmed the returned information would be incorporated into a report.

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, residents' meetings, staff meetings and staff shift handovers. The deputy manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

A review 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. The deputy manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Fourteen completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from visiting representatives included:

- "This is a lovely home, staff treat (relative) with respect. He always says how happy he is. The place is so clean, any time you visit you are always offered a cup of tea."
- "No complaints, family are kept well informed of any changes, and always made feel very welcome."

Comments received from completed questionnaires were as follows:

- "Staff are very prompt at referring to GP or other services when required." (representative)
- "Care very good." (resident)

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care reviews and communication between residents, staff and other key stakeholders.

### Areas for improvement

One area for improvement was identified in regard to ensuring the full completion of three identified care plans.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

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.

The deputy manager, residents and one representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights,

independence and dignity. Staff were able to demonstrate how residents' confidentiality was protected, for example residents are asked daily for their preferred menu choices.

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

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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 for example residents' meetings, annual reviews etc.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read on a notice board in the home. As stated in section 6.5 of this report, plans were in place to gather the views of residents for 2017.

Discussion with staff, residents, representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities for example quizzes and watching classic films. Arrangements were in place for residents to maintain links with their friends, families and wider community for example local choirs would visit the home at Christmas time.

Residents spoken with made the following comments:

- "Oh yes, I like it here. There is a good choice of food."
- "It has been very good, the staff are very attentive. The food is very good, only thing is you get too much!"
- "The staff are all very good."

Fourteen completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- "Staff are always approachable. They always take dignity and respect as well as privacy into consideration." (representative)

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 outlined the management arrangements and governance systems in place within the home. 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. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures had been systematically reviewed.

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 information displayed around the home and on bedroom doors. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review 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. There were no new complaints recorded since the previous care inspection.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events 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.

Discussion with the deputy manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example training in relation to dementia awareness, falls prevention and continence promotion.

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.

The deputy manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responds to regulatory matters in a timely manner.

Review of records and discussion with the deputy manager and staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning had taken place. The deputy manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The deputy manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff 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.

Fourteen completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Comments received from completed questionnaires were as follows:

- "I find the staff professional, friendly, cheerful, understanding and compassionate".  
(representative)
- "The management in the home is excellent in managing the environment. The home is always well presented, clean and tidy. The staff are courteous, friendly and caring".  
(representative)

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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, 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 to RQIA office for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b> 20 September 2017	The registered person shall ensure a cleaning schedule is completed daily to evidence tasks completed by all staff.  <b>Ref:</b> 6.4
	<b>Response by registered person detailing the actions taken:</b> New cleaning rota and sign-off sheet put in place.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 29.6  <b>Stated:</b> First time  <b>To be completed by:</b> 20 September 2017	The registered person shall ensure records are maintained of the names of all staff who participate and any learning outcomes from fire drills undertaken in the home.  <b>Ref:</b> 6.4
	<b>Response by registered person detailing the actions taken:</b> All records and names of staff who undertook fire drills are in home
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> 20 August 2017	The registered person shall ensure the three identified care plans are fully completed.  <b>Ref:</b> 6.5
	<b>Response by registered person detailing the actions taken:</b> All care plans are checked and fully completed



<b>Name of registered manager/person completing the QIP</b>			
<b>Signature of registered manager/person completing the QIP</b>		<b>Date completed</b>	
<b>Name of registered provider approving the QIP</b>			
<b>Signature of registered provider approving the QIP</b>		<b>Date approved</b>	
<b>Name of RQIA inspector assessing response</b>			
<b>Signature of RQIA inspector assessing response</b>		<b>Date approved</b>	

*\*Please ensure this document is completed in full and returned to RQIA's Office\**



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