

Inspection Report

24 February 2022



Clairville

Type of service: Residential (RC)
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation / Registered Provider: Clairville Responsible Individual Mrs Veronica Reid	Registered Manager: Ms Emma Reid Date registered: 18 January 2021
Person in charge at the time of inspection: Wendy Dickey (deputy manager) – 10.20am – 11.30am Emma Reid (registered manager) – 11.30am – end of inspection .	Number of registered places: 17 No more than 2 persons in Cat. PH. No more than 6 persons in Cat. DE.
Categories of care: Residential Care (RC) PH – Physical disability other than sensory impairment DE – Dementia I – Old age not falling within any other category MP(E) - Mental disorder excluding learning disability or dementia – over 65 years PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 16
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 17 residents. Residents' bedrooms are located across two floors with two communal lounges and one communal dining room situated on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 24 February 2022 from 10.20am to 3.20pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

The inspection focused on staffing arrangements; staff training; fire safety; the notification of accidents and incidents to RQIA and managerial oversight and governance arrangements within the home.

The home was observed to be warm, clean and tidy. Residents told us that living in Clairville was a good experience and spoke positively about the care they received.

Staff told us that Clairville was a good place to work and that they felt well supported in their role.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

One new area for improvement was identified in relation to the management of falls.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Emma Reid, manager at the conclusion of the inspection.

4.0 What people told us about the service

We spoke to 12 residents and three members of staff as part of the inspection process.

Residents shared with us their positive experiences of living in Clairville. Resident's told us:

- "I am very happy here. The staff are very understanding. I can say anything to them".
- "I am very happy. The food is good and the staff are all nice to me".

- “I get on with some staff better than others but they are all very kind to me. The food is good and I get to see my family often. I have no worries”.

Staff described the home as a good place to work with good support from the management team. Staff told us:

- “I love it here. Monica (Responsible Individual) is excellent and very resident orientated; residents are her number one priority. I would describe the care in this home as excellent”.
- “The care is very good. Residents are listened to. The management are all very approachable”.
- “The staff members are all very supportive. The care here is good and the residents seem happy.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 30 November 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 30 Stated: First time	The registered person shall ensure that all accidents and incidents and any events occurring in the home which adversely affect the wellbeing or safety of any residents are reported promptly to RQIA.	Met
	Action taken as confirmed during the inspection: A review of accidents and incidents evidenced that this area for improvement was met. This is further discussed in Section 5.2.5.	

<p>Area for Improvement 2</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any management plan outlined in the fire risk assessment is actioned as necessary and a record maintained of same.</p> <p>Ref: 5.2.3</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the fire risk assessment evidenced that necessary actions had been implemented and that this area for improvement had been met.</p> <p>This is further discussed in Section 5.2.5.</p>		
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: Second time</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 by the manager, and identify the person in charge of the home in the absence of the manager.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the staff rota evidenced that this this area for improvement was met.</p> <p>This is further discussed in Section 5.2.1.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 6.6</p> <p>Stated: Second time</p>	<p>Resident's individual comprehensive care plan is kept up-to-date and reflects the resident's current needs.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of residents care records evidenced that this area for improvement was met.</p> <p>This is further discussed in Section 5.2.2.</p>		

Area for improvement 3 Ref: Standard 20.10 Stated: Second time	<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.</p>	Met
	<p>Action taken as confirmed during the inspection: A new system of auditing has been implemented. Review of this evidenced that this area for improvement was met.</p> <p>This is further discussed in Section 5.2.5.</p>	
Area for improvement 4 Ref: Standard 20.11 Stated: Second time	<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.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of monthly monitoring reports evidenced that this area for improvement was met.</p> <p>This is further discussed in Section 5.2.5.</p>	
Area for improvement 5 Ref: Standard 23 Stated: First time	<p>The registered person shall ensure that a robust system is place which provides effective managerial oversight in relation to all training undertaken by staff.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of training records evidenced that this area for improvement was met.</p> <p>This is further discussed in Section 5.2.1.</p>	

Area for improvement 6 Ref: Standard 20.3 Stated: First time	The registered person shall ensure oversight arrangements are in place to monitor staff registration with NISCC and this is reviewed on a regular basis.	Met
	Action taken as confirmed during the inspection: A review of the Northern Ireland Social Care Council (NISCC) register evidenced that this area for improvement was met. This is further discussed in Section 5.2.1.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff told us that there was good team work and that they felt well supported in their role. Staff members were satisfied with the staffing levels in the home and the level of communication between staff and management.

There was evidence of staff attending mandatory training such as adult safeguarding; fire awareness; first aid; manual handling; falls prevention; and dementia awareness. The manager explained that the home have now moved to an online training platform which has been viewed positively by both the staff and management team. Systems were in place to enable the manager to have oversight of staff training.

The staff duty rota accurately reflected the staff working in the home on a daily basis, the capacity in which they work, the manager's hours and who was in charge of the home in the absence of the manager.

There was evidence that all staff were appropriately registered with the Northern Ireland Social Care Council. A clear NISCC record was maintained which the manager had oversight of.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly and in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

A review of records and discussion with both the manager and deputy manager identified deficits in relation to the management of falls; specifically in relation to unwitnessed falls and the management of confirmed or suspected head injuries. A review of records identified two unwitnessed falls where medical attention was not sought and it was unclear if a head injury had occurred. While assurances were provided by the deputy manager that these residents had the mental capacity to inform staff if they hit their head, this information was not recorded. While staff demonstrated appropriate knowledge in relation to the management of confirmed head injuries, there was no clear directive in place with regards to follow up care such as, the completion of observation charts. It is necessary that a falls policy and procedure is implemented and disseminated among all relevant staff in relation to these areas. An area for improvement was made.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dining experience was an opportunity for residents to socialise, with the atmosphere noted to be calm and relaxed. The menu was clearly on display outlining the meal choices for that day. It was observed that residents were enjoying their meal and their dining experience. The food was attractively presented and smelled appetising, and portions were generous.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

A review of care records evidenced they were well maintained and regularly reviewed. The manager has introduced a new care plan document referred to as the 'main care plan'. This document was person centred and contained specific details in relation to each resident and was reflective of their current care needs including speech and language requirements, nutritional needs and skin care. An 'active care plan' is also maintained which is completed by care staff. There was evidence that each document had been updated when a change occurred.

Care plans were regularly evaluated. These evaluations were comprehensive and provided a detailed account of the resident's needs and Multi-Disciplinary Team involvement.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control (IPC)

Observation of the home's environment included resident's bedrooms, bathrooms and communal areas including lounges and the dining room. The home was observed to be well decorated, suitably furnished and comfortable. New floors had been fitted to a number of areas throughout the home since the last inspection.

The laundry closet which also stores the hot water tank was observed to be unlocked. This was brought to the manager's attention and while the door was locked the key was unable to be removed due to a fault.

The manager advised that a new lock has been ordered and they are awaiting it to be installed. As hot pipes can be accessed in this area, it is necessary that interim arrangements are in place while awaiting this work to be carried out to maintain resident safety. This will be reviewed at a future inspection.

Fire safety measures were observed on the day of inspection. The home was observed to be free from clutter and fire escapes were free from obstruction. A fire risk assessment had been complete in the home on 16th March 2021. All recommendations in this report had been actioned by the manager with a record maintained of same.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) had been provided. Aprons were observed to be loosely stored, this is not in keeping with IPC best practice; this was highlighted to the manager and will be reviewed at a future inspection.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health and IPC guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. Residents were observed throughout the home including their bedrooms, dining room and lounge. One resident was observed to be having a lie in, other residents were in their bedrooms watching TV or reading magazines and a group of residents were in the communal lounge watching TV and conversing with one another.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Emma Reid has been the registered manager in this home since 18 January 2021.

Since the last unannounced care inspection, a review of records evidenced improved governance arrangements within the home.

A new system of auditing has been implemented across various aspects of care. There was evidence that the manager had oversight of this. As this is a relatively new system, it is important that it continues to be developed in a meaningful manner so to identify any patterns and trends in order to drive any necessary improvements.

Improved systems were also implemented in respect of staff training, the duty rota, fire safety and oversight of staff registration with NISCC as outlined in Sections 5.2.1 and 5.2.3 of this report.

A system was in place to monitor accidents and incidents that happened in the home. A review of these records found they were reported to RQIA in accordance with regulation and standards.

Staff described the management team as “good” and “approachable”. Staff described residents as being their number one priority.

The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. There was evidence that these reports were addressing the areas for improvement identified at the last inspection. Where actions were identified, there was evidence that these were followed up to ensure that the actions were correctly addressed. These reports are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Residential Care Homes’ Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	0	1

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

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
<p>Area for improvement 1</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 24 March 2022</p>	<p>The registered person shall ensure a policy and procedure is implemented in respect of the management of falls. This should include, but is not limited to:</p> <ul style="list-style-type: none"> - The management of unwitnessed falls; - The recording of unwitnessed falls; - The management of head injuries, either confirmed or undetermined in conjunction with best practice. <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A file is now in place clearly outlining the policies and procedures to be followed in respect of the management of falls. (Witnessed or otherwise) Including, a template for recording witnessed and unwitnessed falls and the management of head injuries, confirmed or undertermined in conjunction with best practice.</p>

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



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