



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection

Name of Establishment:	Anniscliff House
Establishment ID No:	1340
Date of Inspection	4 February 2015
Inspectors' Names:	Bronagh Duggan and Ruth Greer
Inspection No:	21162

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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1.0 General Information

Name of Home:	Anniscliff House
Address:	141 Moneysharvin Road Maghera BT46 5HZ
Telephone Number:	028 796 42729
E mail Address:	bernie@magherafencing.co.uk
Registered Organisation/ Registered Provider:	Mrs J Davies Mrs B McGilligan
Registered Manager:	Mrs B McGilligan
Person in Charge of the home at the time of Inspection:	Mrs B Mc Gilligan
Categories of Care:	I ,MP ,MP(E), DE, LD (E)
Number of Registered Places:	17
Number of Residents Accommodated on Day of Inspection:	13
Scale of Charges (per week):	£450 per week
Date and type of previous inspection:	9 December 2014 Primary Announced Inspection
Date and time of inspection:	4 February 2015 10:30 am – 5:00pm
Name of Inspectors:	Bronagh Duggan and Ruth Greer

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with registered manager / provider
- Examination of records
- Discussion with residents individually and in small groups
- Discussion with 2 visiting professionals
- Care records audit
- Inspection of the premises
- Observation of care practice
- Evaluation and feedback

5.0 Inspection Focus

This inspection was undertaken in response to information received from the Northern Health and Social Care Trust (NHSST). The information from the Trust was in regard to the health and welfare of a former resident in the home upon his/her admission to hospital.

The findings from this inspection were shared by RQIA with the NHSST under partnership working in respect of Safeguarding of Vulnerable Adults. The inspection was undertaken to assess the home's arrangements for the provision of care for the residents currently accommodated in the home.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of Service

Anniscliff House is situated a few miles outside Maghera. The home is located within the Northern Health and Social Care Trust's geographical area. It is in a rural setting and is surrounded by mature, well maintained gardens.

The home provides accommodation for 17 persons. There are five single bedrooms on the ground floor, two single and five double bedrooms on the first floor. Facilities in the home also include a communal lounge and dining area and sitting rooms (one of which is also used as a visitors' room). There are bathing and sanitary facilities, a kitchen and offices. The home maintains a strong spiritual ethos.

The home is registered to provide care under the following categories:

- RC - I Old age not falling into any other category
- RC - MP Mental disorder excluding learning disability or dementia (For not more than one person)
- RC - MP (E) Mental disorder excluding learning disability or dementia - over 65 years
- RC - (DE) Dementia (For six identified individuals only)
- RC - LD (E) Learning Disability - over 65 years (For one identified individual only)

A chapel is situated in a separate building on the same site but is not part of the registered home.

There are ample car parking facilities to the side and rear of the home.

7.0 Summary of Inspection

This unannounced care inspection of Anniscliff House was undertaken by Bronagh Duggan and Ruth Greer on 4 February 2015 between the hours of 10:30 am - 5:00 pm. The inspection was undertaken in response to information received from the NHSST. The information from the Trust was in regard to the health and welfare of a former resident in the home on his/her admission to hospital. Mrs Mc Gilligan registered manager and joint registered provider was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were not examined during this inspection but will be reviewed at a future inspection.

The focus of this unannounced inspection was on the health and welfare needs of residents in the home.

During the inspection the inspectors examined a selection of records, met with residents, staff, and visiting professionals discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. Inspectors observed care practice and carried out a general inspection of the residential care home environment.

The areas of the environment viewed by the inspector presented as clean, organised, and fresh smelling throughout. Décor and furnishings were found to be fit for purpose. It was noted during a walk around the home that upstairs was significantly cooler than downstairs, a requirement is made that temperatures within the home are maintained within recommended levels.

Other areas examined by inspectors included staff recruitment information and the staff duty roster.

As a result of the inspection a number of issues were escalated within RQIA. The issues of concern identified by inspectors included -:

- One resident had been assessed by a General Practitioner to be in a category of care outside of those registered by the home. Requirements have been made at previous inspections in relation to the home accommodating residents outside the categories for which the home is registered, most recently in June 2014.
- Accident records showed that on one occasion a resident who had fallen and sustained a head injury had not received medical attention until the following day.
- An assessment of need and care plan, for one resident highlighted the need for all safe moving and handling transfers to be carried out by two members of staff. The registered manager informed inspectors that the care plan was not being adhered to and that one staff member was providing assistance to the resident. The registered manager failed to ensure that a further reassessment of need was undertaken to ensure that safe moving and handling of the residents was maintained at all times.

As a result of the inspection findings a senior management meeting was convened to consider the actions required to be taken. As a consequence, it was considered appropriate that a meeting was held at RQIA offices on 12 February 2015 to discuss RQIA's intention to issue failure to comply notices regarding the three specific areas of concern highlighted above.

At this meeting Mrs Mc Gilligan registered manager provided information which had not been presented during inspection. This additional information was considered by RQIA and the home was issued with one failure to comply notice relating to the failure by the home to access timely medical attention/advice for a resident who had sustained a head injury.

Five requirements were made as a result of the unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP). Enforcement action is currently ongoing in relation to Regulation 14.

The inspectors would like to thank the residents, the visiting professionals, registered manager and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-Up on Previous Issues

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	14 (6)	<p>The registered manager must ensure the following;</p> <ul style="list-style-type: none"> • individual risk assessments are completed regarding the use of the key pad system at the entrances to the home • the risk assessment should consider the individual needs and preferences of residents • if the key pad system remains its use should be stated in the homes Statement of Purpose • an updated statement of purpose should be forwarded to the inspector with the return of the QIP. 	This requirement was not reviewed during the inspection but shall be carried forward for a future inspection.	Not Reviewed
2	Regulation 19 (1) (a) Schedule 3. 3 (k)	The registered manager must ensure there is a contemporaneous note of all care and services provided to the resident, including a record of their condition and any treatment or other intervention.	A review of recent entries to care notes showed that recording improvements had been made in this area regarding the care, services and treatment provided to residents. This shall remain under review during the next inspection.	Moving towards compliance

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	10.1	The homes policy and procedure on responding to resident's behaviour (2014) should be developed further to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).	This recommendation was not reviewed during the inspection but shall be carried forward for a future inspection.	Not Reviewed
2	10.4	When a resident requires a specific behaviour management plan this should be completed on an individual basis and be approved by an appropriately trained professional. The behaviour management plan should be kept under review.	This recommendation was not reviewed during the inspection but shall be carried forward for a future inspection.	Not Reviewed
3	6.6	Residents, or where appropriate their representatives consent should be clearly reflected in care plans regarding the use of the pressure mats.	This recommendation was not reviewed during the inspection but shall be carried forward for a future inspection.	Not Reviewed

4	13.4	<p>The programme of activities display should be made more visually stimulating and include pictorial information with larger print. Clear orientation information should also be displayed this should include day, date, month and other specific information to ensure residents are aware of same.</p>	<p>This recommendation was not reviewed during the inspection but shall be carried forward for a future inspection.</p>	<p>Not Reviewed</p>
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9.0 Inspection Findings

9.1 Care Reviews

The care records of 13 residents were reviewed during the inspection. These were found to include information relating to the most recent care review. In discussion with community nurses they confirmed that they were currently undertaking a number of care reviews to ensure that residents' assessed needs could be met within the residential care home setting. This work is currently ongoing with the referring Health and Social Care Trusts.

The inspectors' examination of one identified resident's care records evidenced that the resident's needs had been assessed by a General Practitioner as being within a category for which the home is not registered. The registered manager stated that this categorisation of care needs was an error made by the General Practitioner and the residents needs in fact fell within the dementia category of care. Homes must not accommodate residents unless they have been registered for the category appropriate to the residents' needs.

A requirement is made that the home will only accommodate residents whose needs fall within the categories of care for which the home has been registered.

Following the inspection an inspector liaised with the identified resident's HSC Trust representative to ensure they were aware of the registration status of the home. This matter formed part of the intention to issue failure to comply notice meeting held in RQIA on 12 February 2015.

During this meeting information was provided to RQIA by the registered manager to demonstrate that the resident's General Practitioner had amended the category of care under which the resident was admitted to the home.

A requirement is made that the assessment of residents needs are kept under constant review and should be revised at any time when these needs change.

9.2 Accidents / Incidents

A review of accident and incident records in the home evidenced that one identified resident had fallen and sustained a head injury. From an examination of the resident's care records and following discussion with the registered manager and home owner it was confirmed that medical advice was not sought immediately following the incident but was delayed until the following day. The inspectors in discussion with the registered manager during feedback were not shown any staff guidance documentation regarding the management of head injuries. There was no evidence available to confirm that appropriate observations were maintained on the resident post fall. Care records available in the home evidenced that an ice pack had been applied for 45 minutes. The registered manager, during inspection, informed the inspectors that the senior care staff on duty at the time of the event contacted the home owner for guidance. The inspectors however informed the registered manager that the home owner is not involved in the running of the home and is not a registered person with RQIA.

The inspectors raised significant concerns that the care staff on duty did not follow current good practice guidance in relation to the management of head injuries.

This information was escalated within RQIA and formed part of the intention to issue a failure to comply meeting on 12 February 2015. At this meeting the registered manager presented as evidence, an observation record. This record however failed to illustrate the following;

- The date of the event
- The time of the observations
- The details of what observations were maintained
- The 15 minute observation frequency stated by the registered manager
- The signatures of the care staff completing the observations

The observation record presented was a record of hourly checks maintained throughout the night. The record did not demonstrate 15 minute checks as stated.

Enhanced enforcement action was taken against the home in relation to this matter and a Notice of Failure to Comply with regulations was issued by the RQIA.

9.3 Care Planning

Inspectors viewed care records for 13 residents in the home. A review of the care plan drafted by the multi-professional team for one resident admitted to the home from hospital in November 2014 showed that he/she required the assistance of two staff for most aspects of daily living. The registered manager informed inspectors that the care plan was not being adhered to and that one staff member supported the resident with mobility and transfers. The registered manager told inspectors that she had been informed by a member of hospital staff prior to the resident's discharge to Anniscliff that the assistance of one person was sufficient to meet the needs of the identified resident. However, there was no written evidence to validate this view and the care plan had not been amended to reflect this information. The need to ensure there are care plans in place which are relevant and accurate was discussed with Mrs Mc Gilligan at the conclusion of the inspection, Mrs Mc Gilligan was also made aware that if the information contained in the care plan was not relevant then this should be reviewed and amended before the resident was admitted to the home.

This information was escalated within RQIA and was discussed further during the meeting held at RQIA offices on 12 February 2015. Mrs Mc Gilligan informed RQIA that the identified resident was re assessed on 4 February 2015 as requiring the assistance of one staff member and this information was now included in the resident's care plan. Mrs Mc Gilligan was reminded of her responsibility as the registered person to ensure there is appropriate consultation and accurate information regarding the assessment of residents prior to admission.

A requirement is made that the registered person shall at all times ensure the residential care home is conducted so as to make proper provision for the health and welfare of residents.

9.4 Staff Induction

A review of the staff duty rota evidenced that one staff member had commenced employment ten days earlier. The inspectors took the opportunity to discuss the induction process within Anniscliff with the identified staff member who was on duty during inspection. The staff member confirmed that they had not undertaken any induction programme apart from an introduction to residents and an awareness of fire exits. A review of the duty rota evidenced that the staff member was included on the duty rota as a full time care assistant. This issue was discussed

with the registered manager who confirmed to inspectors that staff would normally complete a formal induction however this had not been done by the date of inspection.

A requirement is made that that all new staff employed by the home should receive appropriate induction training appropriate to the work they are to perform prior to commencing fulltime duties.

10.0 Additional Areas Examined

10.1 Resident's consultation

The inspector met with two residents individually and with others in groups. Residents were observed relaxing in the communal lounge area of the home, activities were provided for residents during the day. Residents were observed to be well dressed with good attention to personal hygiene observed. In accordance with their capabilities, residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. One resident shared with the inspectors that although happy with life in the home, he/she would like to live in a home closer to family. A review of this resident's records showed that this issue had been raised during the care review in 2014. There has been no action regarding same. This information was shared with the registered manager and she was advised of her advocacy role in respect of accessing an alternative placement which would be more acceptable to the resident.

10.2 Relatives/representative consultation

The inspectors did not meet with any relatives / representatives in the home during the inspection.

10.3 Staff consultation

The inspector spoke with two members of staff on duty. One staff member had worked at the home for five years the second member of staff had commenced employment ten days earlier. Discussion with staff identified that they were supported in their respective roles.

Comments received included:

"The residents all seem quite happy"

"There are always enough staff on duty and Rosemary (home owner) is always available for advice"

"I've just started here I think it's a good home"

10.4 Environment

The inspector viewed the home and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, and fresh smelling throughout. Décor and furnishings were found to be fit for purpose. It was noted during a walk around the home that upstairs was significantly cooler than downstairs. Several bedrooms were registering at 18 degrees. The minimum temperature for all areas used by residents is 19 - 22 degrees. A requirement is made that temperatures within the home are maintained within recommended levels. This matter is referred to the estates inspector for future reference.

10.5 Recruitment Practices

The recruitment files of three recently recruited members of staff were viewed these were found to include relevant information as required by legislation and good practice standards.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Mc Gilligan, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Bronagh Duggan
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Care Inspection

Anniscliff House

4 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Bernadette Mc Gilligan either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
CF	14 (6)	<p>The registered manager must ensure the following;</p> <ul style="list-style-type: none"> individual risk assessments are completed regarding the use of the key pad system at the entrances to the home the risk assessment should consider the individual needs and preferences of residents if the key pad system remains its use should be stated in the homes Statement of Purpose an updated statement of purpose should be forwarded to the inspector with the return of the QIP. 	One	<p>The registered manager has completed individual risk assessments regarding the use of key pad system at the entrance to the home.</p> <p>The risk assessment considers the individual needs and preferences of residents.</p> <p>The key pad system has been stated in the home's Statement of Purpose.</p> <p>Copy of the up to date Statement of Purpose sent to RQIA on the 24/2/15.</p>	9 March 2015
CF	Regulation 19 (1) (a) Schedule 3. 3 (k)	The registered manager must ensure there is a contemporaneous note of all care and services provided to the resident, including a record of their condition and any treatment or other intervention.	Two	The registered manager has regularly noted all care and services provided to residents including a record of their condition and any treatment or other interventions in their individual care plans, examined on 4 th February 2015.	From 9 th December 2014 and on-going.
1.	Regulation 15. (1) (e)	The registered person must ensure that the home will only accommodate residents	One	The registered person only accommodates residents that fall	From 4 th February 2015

		whose needs fall within the categories of care for which the home has been registered. Ref:9.0		within the categories of care for which the home has been registered.	and ongoing.
2.	Regulation 15. (2)	The registered person must ensure that the assessment of residents needs are kept under constant review and should be revised at any time when these needs change. Referrals must be made to the multiprofessional team should the resident's needs change to allow for re assessment. Ref:9.1	One	The registered person will ensure that the assessment of residents needs are kept under constant review and will be revised at any time when these needs change. Referrals will be made to the multiprofessional team should the resident's needs change to allow for re assessment.	From 4 th February 2015 and ongoing.
3.	Regulation 13. (1) (a)	The registered person shall at all times ensure the residential care home is conducted so as to make proper provision for the health and welfare of residents. The assessment of need and the care plan established for each resident must be up to date and an accurate reflection of the assistance required and delivered on a daily basis. Ref:9.1	One	The registered person will at all times ensure the residential care home is conducted so as to ensure proper provision for the health and welfare of resident's. All resident's assessment of needs and their care plans are up to date and accurately reflect the assistance required and the delivery on a daily basis.	From 4 th February 2015 and ongoing.
4.	Regulation 20. (1) (c) (i)	The registered person must ensure that all new staff employed by the home should receive appropriate induction training appropriate to the work they are to perform.	One	All new staff employed by the home are in the process of receiving appropriate induction training, appropriate to their	From 4 th February 2015 and ongoing.

		Ref: 9:4		role and the work that they are to perform.	
5.	Regulation 27.(2) (p)	The registered person must ensure that temperatures within the home are maintained within recommended levels. Ref: 10.4	One	The registered manager has provided thermometers within all rooms in the home to ensure temperatures are maintained within recommended levels, no less than 22 oc, temperatures are taken and recorded at various times throughout the day and in various rooms, to ensure this is maintained, and the plumber has been out on 18 th March 2015 to ensure all radiators are functioning properly throughout the building, and again on the 23 rd March to ensure they remain within appropriate temperatures.	From 4 th February 2015 and ongoing.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
CF	10.1	The homes policy and procedure on responding to resident's behaviour (2014) should be developed further to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). Ref:8.0	One	The homes policy and procedure on responding to residents behaviour (2014) has been developed further to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). A copy of this revised policy/procedure has been forwarded to the RQIA on the 24/2/2015.	9 March 2015
CF	10.4	When a resident requires a specific behaviour management plan this should be completed on an individual basis and be approved by an appropriately trained professional. The behaviour management plan should be kept under review. Ref: 8.0	One	Any resident who requires a specific management programme will have it approved by an appropriate trained professional before hand. The behavioural management plan will be kept under review.	From 9 th December 2014 and ongoing.
CF	6.6	Residents, or where appropriate their representatives consent should be clearly reflected in care plans regarding the use of the pressure mats. Ref: 8.0	One	Residents, or where appropriate their representatives consent has been reflected in care plans regarding the use of pressure mats.	9 March 2015

CF	13.4	<p>The programme of activities display should be made more visually stimulating and include pictorial information with larger print. Clear orientation information should also be displayed this should include day, date, month and other specific information to ensure residents are aware of same.</p> <p>Ref:8.0</p>	One	<p>The programme of activities is displayed in the dayroom, it has been made more visually stimulating and includes pictorial information with larger print. Clear orientation information is also displayed including day, date, month.</p>	9 March 2015
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	BERNADETTE MC GILLIGAN
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	BERNADETTE MC GILLIGAN

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	22.4.15
Further information requested from provider			