

# Unannounced Care Inspection Report 6 June 2017



## Anniscliff House

**Type of Service: Residential Care Home**  
**Address: 141 Moneysharvin Road, Maghera, BT46 5HZ**  
**Tel No: 028 7964 2729**  
**Inspector: John McAuley**

[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 with seventeen beds that provides care for residents under categories of care detailed on its certificate of registration. The home is situated on the outskirts of the town of Maghera.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Anniscliff House Mrs Jacqueline Davies and Mrs Bernadette McGilligan	<b>Registered Manager:</b> Mrs Bernadette McGilligan
<b>Person in charge at the time of inspection:</b> Mrs Bernadette McGilligan	<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 – six identified residents only MP - Mental disorder excluding learning disability or dementia – one identified resident only MP (E) - Mental disorder excluding learning disability or dementia – over 65 years – one identified resident only LD (E) – Learning disability – over 65 years – one identified resident only.	<b>Number of registered places:</b> 17

### 4.0 Inspection summary

An unannounced care inspection took place on 6 June 2017 from 10:00 to 13:40 hours.

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 recruitment, supervision, appraisal and infection prevention and control, care records and communication between residents and their representatives, feedback from residents, one visiting relative and staff and general observations of care practices, governance arrangements and maintenance of good working relationships.

Three areas requiring improvement were identified in respect of - risk assessment(s) for resident(s) who smoke, ensuring all staff are in receipt of up-to-date safeguarding training and terminology used in residents' progress records.

Feedback from residents, staff and one visiting relative as well as ten returned questionnaires was all positive.

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>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Bernadette McGilligan, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

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

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 15 May 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: the previous inspection report and accident and incident notifications.

During the inspection the inspector met with 15 residents, one visiting relative, three members of care staff and the registered manager.

A total of fifteen questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Ten 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
- Two staff members 'recruitment files
- Two residents' care files
- Residents' progress records
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records

- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings/representatives' / other
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 15 May 2017

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

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 10 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 15 (1) (e) <b>Stated:</b> First time	The registered provider must put in place greater scrutiny and governance to ensure the needs of residents are met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager confirmed that 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.</p> <p>The registered manager also confirmed the pre admission assessment for potential resident(s) had also been review to reflect such.</p>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28.3</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should review how biscuits are served with tea etc. as the current practice of a communal box is deemed to be at risk of being a source to spread of infection.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>This practice has been reviewed and acted on accordingly.</p>	<b>Met</b>

### 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 registered 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 and staff.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

An inspection of completed induction records and discussion with the registered 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 the returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained.

The registered 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. A sample of a completed staff competency and capability assessments was inspected and found to satisfactory.

The home's recruitment and selection policy and procedure complies with current legislation and best practice. Discussion with the registered manager and inspection of two staff members' personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

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 definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established.

Discussion with staff identified an area of improvement in that one recently recruited member of staff had yet to receive training in this area otherwise other 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. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided to staff in December 2016.

Discussion with the registered manager, inspection of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed that only restrictive practice employed within the home was notably the keypad entry system. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented and minimised.

An inspection of the statement of purpose and residents' guide identified that this restriction was adequately described.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

Discussion with the registered manager confirmed that staff had received training in safe and healthy working practices in January 2017. An area of improvement was identified in that there were no individualised risk assessments in place for those residents who smoke. A supervised designated external smoking shelter was in place, which was good. However, advice was given to develop individual risk assessments in accordance with current safety guidelines. The risk assessments need to also take account of the resident's medical condition (s).

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities in January 2017. 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 registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's 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. The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The grounds of the home were very well maintained with good accessibility for residents.

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 27 April 2017. There were no recommendations from this assessment.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

### **Areas of good practice**

There were examples of good practice found throughout this inspection in relation to staff recruitment, supervision, appraisal and infection prevention and control.

### **Areas for improvement**

Two areas for improvement were identified during the inspection. One was in respect of risk assessment(s) for resident(s) who smoke and the other was in relation to ensuring all staff are in receipt of up-to-date safeguarding training.



	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

### 6.5 Is care effective?

#### **The right care, at the right time in the right place with the best outcome**

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

An inspection of two residents' care records was undertaken. These records were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment and risk assessments such as manual handling, nutrition and falls were reviewed and updated on a regular basis or as changes occurred.

An inspection of residents' progress records was undertaken. Issues of assessed need had a recorded statement of care / treatment given with effect(s) of same. However an area of improvement was identified with the terminology used in a number of entries which referred to statements such as "no issues" or "usual night". These statements did not give an adequate account of the resident(s) condition. Advice was given in respect of same.

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.

Discussion with staff confirmed that a person centred approach underpinned practice. This was demonstrated with staffs knowledge of individual resident's needs and prescribed care.

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 registered 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 registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

The registered manager reported that training was being arranged for staff in communication / customer care.

## Areas of good practice

There were examples of good practice found throughout this inspection in relation to care records and communication between residents and their representatives.

## Areas for improvement

One area of improvement was identified in relation to terminology used in residents' progress records.

	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 inspector met fifteen residents at the time of this inspection. In accordance with their capabilities, all confirmed that they were happy with their life in the home, their relationship with staff and the provision of meals. Some of the comments made included statements such as;

- “Everything is very good here”
- “It’s a good home. I have no difficulties with it”
- “I am very happy here”
- “The food is lovely”
- “It is a very peaceful place”

Residents appeared comfortable and at ease with staff and there was a nice rapport of interaction observed.

The inspector met with one visiting relative who spoke in complimentary terms about the provision of care and the kindness and support received from staff.

The registered 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 were in place which supported the delivery of compassionate care.

Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of care records, in that care plans were in place for the management of pain, trigger factors and prescribed care. Issues of assessed need in the progress records, such as pain had a recorded statement of care given with effect(s) of same.

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 registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion 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 and were able to demonstrate how residents’ confidentiality was protected. This was evident in how staff interacted and when sharing of sensitive information was done with discretion and privacy to all.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner.

Observation of care 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. These included care review meetings, residents’ meetings and day to day contact with management.

Discussion with staff, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents in the home were relaxing or enjoying the company of one another or watching television. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Ten completed questionnaires were returned to RQIA from service users, staff and relatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and/or satisfied.

**Areas of good practice**

There were examples of good practice found throughout this inspection in relation to feedback from residents, one visiting relative and staff and general observations of care practices.

**Areas for improvement**

No areas for improvement were identified in respect of this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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 registered manager confirmed that 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.

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 the Residents' Guide and displayed information on how to complain. Discussion with the registered manager confirmed that she was knowledgeable about how to receive and deal with complaints.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection 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. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered 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.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

Discussion with the registered manager identified that she had good understanding of her roles and responsibilities under the legislation and standards.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns and that they would be appropriately supported.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Ten completed questionnaires were returned to RQIA from service users, staff and relatives. Respondents described their level of satisfaction with this aspect of the service as very satisfied and/or satisfied.

### Areas of good practice

There were examples of good practice found throughout this inspection in relation to the governance arrangements and maintenance of good working relationships.

### Areas for improvement

No areas for improvement were identified in respect of this domain 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 Bernadette McGilligan, registered 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 via Web Portal 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 Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14(2)( c )  <b>Stated:</b> First time  <b>To be completed by:</b> 6 July 2017	The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> A detailed risk assessment now in place for each resident that smokes within the home, taking into account medical condition(s), prescribed interventions and current safety guidance.
<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 16.2  <b>Stated:</b> First time  <b>To be completed by:</b> 6 July 2017	The registered person shall ensure all staff including newly appointed staff are in receipt of up-to-date training in safeguarding.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> All staff including newly appointed staff are now in receipt of up-to-date training in safeguarding, revised with them at staff meeting on the 20 <sup>th</sup> June past.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.2  <b>Stated:</b> First time  <b>To be completed by:</b> 6 July 2017	The registered person shall review the terminology used in a number of entries in residents' progress records so these give clear and adequate account of the resident(s) condition  Ref: 6.5
	<b>Response by registered person detailing the actions taken:</b> The registered manager has reviewed the terminology to be used in resident's progress records, with all staff during staff meeting held on the 20 <sup>th</sup> June '17, to ensure clear and adequate accounts are written on resident's conditions.

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



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