



Unannounced Care Inspection Report 20 August 2020



Anniscliff House

Type of Service: Residential Care Home (RCH)
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Inspector: Laura O'Hanlon

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to 17 residents.

3.0 Service details

<p>Organisation/Registered Provider: Anniscliff</p> <p>Responsible Individual(s): J Davies Bernadette McGilligan</p>	<p>Registered Manager and date registered: Bernadette McGilligan – 1 April 2005</p>
<p>Person in charge at the time of inspection: Bernadette McGilligan</p>	<p>Number of registered places: 17</p> <p>Not more than 1 person in Cat. MP. Category of care DE for 6 identified individuals only and category of care LD (E) for 1 identified individual only. RC-A for one named resident</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD(E) – Learning disability – over 65 years. A – Past or present alcohol dependence.</p>	<p>Number of residents accommodated in the residential home on the day of this inspection: 15</p>

4.0 Inspection summary

An unannounced inspection took place on 20 August 2020 from 09.40 hours to 15.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	2

Areas for improvement and 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.

5.0 How we inspect

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

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

During the inspection the inspector met with 15 residents and four staff.

The following records were examined during the inspection:

- staff duty rotas
- two staff competency and capability assessments
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the monthly monitoring reports
- fire safety risk assessment
- RQIA registration certificate.

Areas for improvement 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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 10 September 2019.

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		
Area for improvement 1 Ref: Regulation 27 (4) (e) and (f) Stated: First time	The registered person shall ensure all staff in the home are in receipt of up-to-date training in fire safety and fire safety drills.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of records confirmed that staff had completed fire drills on a two to three basis monthly and records were retained. Fire safety training was completed on 1 October 2019. The need for fire safety training to be completed six monthly was discussed. The manager subsequently confirmed by email following the inspection that 17 staff had completed on line fire safety training in September 2020. This will continue to be monitored at future inspections.	
Area for improvement 2 Ref: Regulation 30 (1) (d) Stated: First time	The registered person shall ensure that any incident of distressed behaviours that has impact on other residents is reported to RQIA.	Met
	Action taken as confirmed during the inspection: A review of the records of accidents and incidents confirmed these were managed and reported appropriately.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 29.1 Stated: First time	The registered person shall seek to review the home's fire safety risk assessment.	Met
	Action taken as confirmed during the inspection: A review of the fire safety risk assessment confirmed this was updated on 1 October 2019.	

6.2 Inspection findings

6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of residents were met. On the day of the inspection we observed that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

Staff spoken with told us that they were satisfied with staffing levels and that teamwork was good. Staff advised that they had access to mandatory training which was generally being completed online at present due to restrictions caused by COVID-19.

The staff reported that they all work together for the benefit of the residents. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- "This is a great home; it's just like a family. We have a really good staff team in place. We all work well together and get on well. The care of the residents is very good. There are enough staff on duty."
- "I love it here; it's like a family; it's home from home. We have a good staff team. There is good communication among the team. There are enough staff on duty."

We reviewed two staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence.

6.2.2 Infection prevention and control procedures (IPC)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. The home had suspended visiting to the home due to recent outbreaks. Staff had a temperature check and changed into their uniform on arrival for their shift. The manager confirmed that any other person entering the home had a temperature and symptom check completed; hand sanitiser and the recommended Personal Protective Equipment (PPE) was available.

PPE was readily available throughout the home and stations were well stocked. Staff told us that they had had sufficient supplies of PPE at all times. The staff had identified changing facilities where they could put on their uniform and the recommended PPE.

Staff told us that there was enhanced cleaning in place and that deep cleaning was carried out as required. Records of deep cleaning were maintained along with advice and guidance for staff.

We observed staff carrying out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance; staff were seen to put on and take off their PPE correctly. We noted where staff had completed updated training in regards to IPC procedures and hand hygiene.

6.2.3 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed. It was obvious that staff knew the residents well; they spoke to them kindly and in a reassuring manner. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- “It’s a good enough place here; the staff are very kind. The food is very good. I am happy enough here.”
- “This is a great place. The staff are all wonderful and so kind. If I complained to you; I would be making it up. I feel very safe in here. The food is very good.”
- “The staff are so good to me; I am very happy in here.”

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was still suspended due to the current pandemic. The care staff assisted residents to make phone or video calls with their families in order to reassure relatives that their loved one was well.

We observed residents engaged in activities such as, puzzles, jigsaws and listening to local church services. The staff were aware of individual preferences for activities and were encouraging in their tone. There was music playing in the background which was preferred by one resident.

We observed the serving of lunch to the residents. A menu was appropriately displayed with the provision of choice and an alternative. The food on offer was well presented, smelled appetising and residents were offered a choice of drinks with their meal. Tables were nicely set with condiments and residents spoke favourably on the provision of food in the home.

We found this to be a pleasant and unhurried experience for residents. Staff were helpful, attentive and demonstrated their knowledge of residents’ dietary preferences and the level of support required. Drinks were readily available throughout the inspection for the residents and staff were aware of individual preferences of drinks.

6.2.4 Care records

We reviewed three care records. The records were written in a professional manner and used language which was respectful of residents.

Within two of the care records reviewed, we identified inconsistencies in the care plans in that they were not reflective of the assessed needs of the residents. Examples of this included; where recommendations from the speech and language therapist (SALT) were not accurately reflected in the care plan and in a second care record recommendations from a dietician was not accurately adhered to, by staff. Care plans should direct the care required; this was identified as an area for improvement.

There was evidence within care records of care plans and associated risk assessments being reviewed on a regular basis. Risk assessments including the management of falls were also present. There was evidence of multi professional involvement within care records for example dentist, podiatry and audiology.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

Following review of the progress notes we identified a resident in the home who smokes. There was no care plan or risk assessment in place to ensure this activity is managed safely. This was identified as an area for improvement.

We observed within the daily evaluation records where entries were recorded in blue pen. Advice was given to the manager to ensure all recordings are completed in black pen.

6.2.5 Environment

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, a lounge, dining areas and storage areas.

Residents' bedrooms were found to be personalised with items of memorabilia and special interests. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

6.2.6 Fire Safety

A review of the fire safety risk assessment confirmed this was updated on 1 October 2019. Discussion with the manager and review of records confirmed that staff had completed fire drills on a two to three monthly basis and records were retained.

Fire safety training was completed on 1 October 2019. The need for fire safety training to be completed six monthly was discussed. The manager subsequently confirmed by email following the inspection that 17 staff had completed on line fire safety training in September 2020. This will continue to be monitored at future inspections.

During the inspection of the environment we identified a number of fire doors which were not fully closing. This was identified as an area requiring action within the fire safety risk assessment. Whilst the record of the fire door checks indicated these were completed weekly; there were no deficits identified in these checks. This was identified as an area for improvement.

We also identified one resident who have gave their consent for their bedroom door to be propped open at night. This was discussed with the manager and identified as an area for improvement to ensure that the fire risk assessor is made aware of this matter.

6.2.7 Governance and management arrangements

There is a clear management structure within the home and the manager was available throughout the inspection process. The manager retains oversight of the home. The manager confirmed that she undertakes a daily walk around the home so that she is aware of any issues in the home. All staff and residents spoken with commented positively about the manager and described her as supportive and approachable.

A system of audits was in place in the home. Examples of such audits reviewed were, the environment, cleaning arrangements and furniture in the home. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

A review of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome. Records of compliments were also retained in the home.

An inspection of accidents and incident reports confirmed that these were effectively documented and reported to other relevant organisations in accordance with the legislation and procedures.

Areas of good practice

Evidence of good practice was found in relation to maintaining residents' dignity and privacy. We observed friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.

Areas for improvement

Four areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	2	2

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a respectful manner. The environment was clean and tidy. Feedback from residents evidenced that they were very satisfied with the standard of care being provided.

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 home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (d) (i) Stated: First time To be completed by: 27 August 2020	<p>The registered person shall ensure that all fire doors are fully closing. Records of the weekly checks should be reviewed to ensure they are effective in identifying any deficits.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: All fire doors have been examined, serviced and are now closing fully. This is also reflected in the weekly checks.</p>
Area for improvement 2 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: 20 September 2020	<p>The registered person shall ensure that the fire risk assessor is informed in relation to the fire door being propped open at night. Advice should be sought and appropriate action taken in this regard.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: Fire risk assessor contacted and informed of one residents bedroom door being propt open at the residents request, and that all staff have been made aware of this as well as residents next of kin. Fire risk assessor recommended that staff should continue to be alert to this risk. This resident has recently been reassessed and will be transferring to another facility shortly as her needs have changed.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6.6 Stated: First time To be completed by: 20 September 2020	<p>The registered person shall ensure that care plans are reflective of the needs of the residents including any recommendations from the multi professional team.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: All residents care plans have been examined and updated as necessary to reflect residents current needs including any recommendations from the multi professional team.</p>

<p>Area for improvement 2</p>	<p>The registered person shall ensure that a care plan and risk assessment is completed for any resident in the home who smokes.</p>
<p>Ref: Standard 6.2</p>	<p></p>
<p>Stated: First time</p>	<p>Ref: 6.2.4</p>
<p>To be completed by: 20 September 2020</p>	<p>Response by registered person detailing the actions taken: Three residents care plan has been updated to reflect their present needs and three risk assessments completed for them regarding smoking.</p>

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



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