



The Regulation and  
Quality Improvement  
Authority

Anniscliff House  
RQIA ID: 1340  
141 Moneysharvin Road  
Maghera  
BT46 5HZ

Inspector: John MC Auley  
Inspection ID: IN023069

Tel: 02879642729  
Email: [bernie@magherafencing.co.uk](mailto:bernie@magherafencing.co.uk)

---

**Unannounced Care Inspection  
of  
Anniscliff House**

**22 September 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 22 September 2015 from 10:30am to 2:45pm. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. One area of improvement was identified in relation to incident notifications and is set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/ Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/ Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	0

The details of the QIP within this report were discussed with the Registered Manager Bernadette McGilligan as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/ Registered Person:</b> Bernadette McGilligan	<b>Registered Manager:</b> Bernadette McGilligan
<b>Person in Charge of the Home at the Time of Inspection:</b> Bernadette McGilligan	<b>Date Manager Registered:</b> April 2005
<b>Categories of Care:</b> RC-MP, RC-LD(E), RC-DE, RC-I, RC-MP(E)	<b>Number of Registered Places:</b> 17
<b>Number of Residents Accommodated on Day of Inspection:</b> 15	<b>Weekly Tariff at Time of Inspection:</b> £470

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

### 4. Methods/ Process

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

- Prior to inspection we analysed the following records; notification reports and previous inspection report.
- During the inspection we met with all the residents, three staff members and the registered manager and five visiting relatives. Resident and staff questionnaires were distributed.

We inspected the following records; five residents' care records, complaints records, fire safety records and policies and procedures and aligned guidance available to the standards inspected.

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 4 February 2015. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement CF</b> <b>Ref: Regulation 14 (6)</b>	The related manager must ensure the following: <ul style="list-style-type: none"> <li>• Individual risk assessments are completed regarding the use of the key pad system at the entrances to the home</li> <li>• The risk assessment should consider the individual needs and preferences of residents</li> <li>• If the key pad system remains its use should be stated in the homes Statement of Purpose.</li> <li>• An updated statement of purpose should be forwarded to the inspector with the return of the QIP.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Individual risk assessments have been completed in relation to the key pad system. These assessments include assessed needs and preferences. The Statement of Purpose has been amended accordingly.	
<b>Requirement CF</b> <b>Ref: Regulation 19 (1) (a)</b> <b>Schedule 3. 3 (k)</b>	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Progress records contained issues of assessed need, and subsequent care / treatment given.	

<p><b>Requirement 1</b></p> <p><b>Ref: Regulation 15. (1) (e)</b></p>	<p>The registered person must ensure that the home will only accommodate residents whose needs fall within the categories of care for which the home has been registered</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>This was confirmed to be the case at the time of this inspection, as found from discussions with staff and the registered manager, general observations of care practices and review of care records..</p>		
<p><b>Requirement 2</b></p> <p><b>Ref: Regulation 15. (2)</b></p>	<p>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.</p> <p>Referrals must be made to the multi-professional team should the residents needs change to allow for re-assessment.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of five residents' care records found that assessments were update with contact with multi-disciplinary team, as appropriate.</p>		
<p><b>Requirement 3</b></p> <p><b>Ref: Regulation 13 (1) (a)</b></p>	<p>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.</p> <p>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.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of five residents' care records found that assessments and subsequent care plans were up-to-date. These records also recorded detailed care interventions.</p>		

<b>Requirement 4</b> <b>Ref: Regulation 20.</b> <b>(1) (c) (i)</b>	<p>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.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b>  This was confirmed to be the case, as found from our discussions with one recently appointed member of staff.</p>		
<b>Requirement 5</b> <b>Ref: Regulation 27.(2) (p)</b>	<p>The registered person must ensure that temperatures within the home are maintained within recommended levels.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b>  All areas of the home were found to be maintained at a comfortable temperature at the time of this inspection.</p>		
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<b>Recommendation CF</b> <b>Ref: Standard 10.1</b>	<p>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</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b>  This policy and procedure was revised accordingly.</p>		

<p><b>Requirement CF</b></p> <p>Ref: Standard 10.4</p>	<p>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.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of two residents' care records who had such assessed need found that the behavioural plan was approved by the appropriate professional, and was maintained on an up to date basis.</p>		
<p><b>Recommendation CF</b></p> <p>Ref: Standard 6.6</p>	<p>Residents, or where appropriate their representatives consent should be clearly reflected in care plans regarding the use of the pressure mats</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of care records pertaining to this need found consent had been put in place..</p>		
<p><b>Recommendation CF</b></p> <p>Ref: Standard 13.4</p>	<p>The programme of activities display should be made more visually stimulating and include pictorial information with larger print.</p> <p>Clear orientation information should also be displayed. This should include date, day, month and other specific information to ensure residents are aware of same.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The programme was in display in pictorial format with date memoir added.</p>		

### **5.3 Standard 14: The death of a resident is respectfully handled as they would wish**

#### **Is Care Compassionate? (Quality of Care)**

The registered manager confirmed to us that residents can and do spend their final days of life in the home. This is unless there is a documented health care need that prevents this.

In our discussions with staff in respect of this area of care, they advised that they considered care as compassionate. Staff confirmed how with the resident's wish, other residents and staff who wished to comfort a resident who was dying were enabled to. Other residents and staff have the opportunity to pay their respects and are provided with support if needed.

Staff also explained to us that other residents are informed in a sensitive manner of the death of a resident.

We noted that within the home's policy, when a death of a resident occurs, their belongings are handled with care and respect. The room is permitted to be vacant.

The resident's next of kin or family take the lead in dealing with the deceased resident's belongings at a sensitive and convenient time after the burial.

We examined a number of cards from relatives of deceased residents who voiced praise and gratitude for care and kindness received during this period of care.

The spiritual needs of the resident were assessed. In our discussions with staff we confirmed they had knowledge and understanding of residents' spiritual requests and choices at this time of care.

#### **Is Care Effective? (Quality of Management)**

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

A care plan is put in place for any resident who is receiving palliative care by district nursing services.

We inspected five residents' care records and could confirm that a care plan was in place pertaining to this need. Details included arrangements with spiritual care, if so wished.

#### **Is Care Safe? (Quality of Life)**

The home had a policy and procedure pertaining to death of a resident. This policy and procedure guide and inform staff on this area of care. There is associated guidance available for staff.

Training in this area of care has been completed with staff on May 2015.

In our discussions with staff they demonstrated that they had knowledge and understanding of how to care for this area of need.



## Areas for Improvement

This standard was found to be fully met. The overall assessment of this standard considered this standard to be compassionate, safe and effective.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

### 5.4 Theme: Residents receive individual continence management and support

#### Is Care Safe? (Quality of Life)

Staff have received training in continence management in June and September 2015. In our discussions with staff they also demonstrated knowledge and understanding of this area of care.

We inspected five residents' care records and found an individualised assessment and plan of care was in place. Issues of assessed need are referred to district nursing services. The district nurse in consultation with the resident and the home prescribes a plan of care. This plan of care includes provision of incontinence aids.

From our observations we found there to be adequate supplies of aprons, gloves and hand washing dispensers. We also observed that call assistance alarms were answered promptly.

In our discussions with staff, general observations together with a review of care records we identified no mismanagement of this area of care, such as malodours or breakdown of skin integrity.

#### Is Care Effective? (Quality of Management)

The home has a policy and procedure pertaining to the promotion of continence and on the assessment and management of incontinence. There are also associated guidance and information available to staff.

Staff have received training in continence management in June and September 2015.

Identified issues of assessed need were reported by the registered manager as referred to district nursing services, for advice and direction.

#### Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respected when being assisted by staff. Continence care was undertaken in a discreet private sensitive manner.

## Areas for Improvement

There were no areas of improvement identified with this theme inspected. This theme was found to be fully met. The overall assessment of this theme considered this to be compassionate, safe and effective.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

## **Additional Areas Examined**

### **5.5.1 Residents' Views**

We met with all the residents in the home. In accordance with their capabilities all expressed or indicated 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;

“The staff are all kind here”

“This is a lovely place”

“The meals are lovely and warm”

“No complaints”

“I love it here”

“They are all good to me”.

Five resident questionnaires were returned in time for inclusion to this report. All commented positively about their life in the home and the care provided for.

### **5.5.2 Relatives' Views**

We met with five visiting relatives in the home at the time of this inspection. All spoke with praise and gratitude for the care provided for and the kindness received from staff.

Some of the comments made included statements such as;

“The home is simply marvellous; my mother is very well cared for. I am in every day and I have good confidence with this home”

“This is a great home. The staff are wonderful and my aunt is very happy here”.

### **5.5.3 Staff Views**

We met with three staff of various grades, as well as the registered manager. All spoke on a positive basis about the teamwork, morale, workload, training and managerial support. Staff informed us that they felt a good standard of care was provided for.

Nine staff questionnaires were distributed during this inspection for return. None were received in time for inclusion to this report.

#### **5.5.4 Staffing**

The staffing levels at the time of this inspection consisted of;

- The registered manager
- A senior care assistant
- Two care assistants
- A cook.

Taking account of the general observations of care practices, discussions with residents and staff and review of accident reports, these levels were found to be appropriate to meet the residents' needs, at the time of this inspection.

#### **5.5.5 General Environment**

We found the home to be clean and tidy. The general décor and furnishings were of a reasonable standard.

Residents' bedrooms were comfortable and nicely personalised.

#### **5.5.6 Care Practices**

Throughout our discreet observations of care practices we noted residents being treated with dignity and respect. Care duties were organised.

Staff interactions with residents were found to be polite, friendly, warm and supportive.

A nice homely atmosphere was in place, with residents being comfortable, content and at ease in their environment and interactions with staff.

An appetising, well presented dinner time meal was provided for.

#### **5.5.8 Fire Safety**

We reviewed the home's most recent fire safety risk assessment, dated 11 July 2015. Evidence was recorded by the registered manager that the one recommendation made from the assessment was dealt with on 8 August 2015.

Fire safety training including fire safety drills were maintained on an up to date basis.

The records of fire safety checks in the environment were well maintained.

We observed no obvious risks within the environment in terms of fire safety, such as wedging opening of doors.

### **5.5.9 Complaints**

A review of the record of complaints together with discussions with the registered manager confirmed that the last complaint documented was in June 2014.

### **5.5.10 Accident / Incident Reports**

A review of accident and incident reports from 1 February 2015 was undertaken. These were found to be managed and reported appropriately.

However there were incidents relating to verbal outbursts from one resident which affected the well-being of residents. These incidents had been reported to the resident's social worker but not RQIA. A requirement was made for this to be done accordingly.

### **5.5.11 Staff Training**

A review of the record of staff training confirmed that these records were maintained appropriately. It also confirmed that there was an active programme of training in place for staff on a regular basis.

#### **Areas for Improvement**

There was one area of improvement identified with these additional areas inspected. This was in relation to notification of incidents. However the overall assessment of these additional areas examined considered these to be compassionate, safe and effective.

## **6. Quality Improvement Plan**

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the Registered Manager Bernadette McGilligan as part of the inspection process. The timescales commence from the date of inspection.

The registered person/ manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/ manager to ensure that all requirements and recommendations contained 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 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.

## **6.1 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, Residential Care Homes Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/ Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) or [RQIA's office \(non-paperlite\)](#) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

<b>Requirement 1</b>  <b>Ref:</b> Regulation 30(1)(d)  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>23 September 2015</b>	Any incident of verbal outbursts or challenging behaviour that affects residents must be reported to RQIA.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> RQIA was informed of the incident of the 15/7/15 on the 24/9/15 through the method of a RHO2 form
--	---

<b>Registered Manager Completing QIP</b>	Bernadette Mc Gilligan	<b>Date Completed</b>	14/10/15
<b>Registered Person Approving QIP</b>	Bernadette Mc Gilligan	<b>Date Approved</b>	14/10/15
<b>RQIA Inspector Assessing Response</b>	John McAuley	<b>Date Approved</b>	19/11/15