

# Inspection Report

**26 August 2021**



## Anniscliff House

**Type of service: Residential Care Home**  
**Address: 141 Moneysharvin Road, Maghera, BT46 5HZ**  
**Telephone number: 028 7964 2729**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Anniscliff</p> <p><b>Responsible Individual(s):</b> Mrs J Davies Mrs Bernadette McGilligan</p>	<p><b>Registered Manager:</b> Mrs Bernadette McGilligan</p> <p><b>Date registered:</b> 1 April 2005</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Bernadette McGilligan</p>	<p><b>Number of registered places:</b> 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><b>Categories of care:</b> 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><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 17</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 17 residents who are living with dementia.</p> <p>The home operates over two floors. All residents have access to communal spaces and an enclosed garden area outside.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 26 August 2021 from 10.00 to 15.45 by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was found to be clean and maintained to a good standard. Resident bedrooms were observed to be warm and personalised with items of memorabilia.

Staffing arrangements were found to be safe and effective and adjusted if required. Staff were seen to be professional and polite as they conducted their duties and told us that they were supported in their roles with training and resources.

Residents were seen to be well looked after. There was clear evidence of attention to personal care and dressing and for those residents who required assistance with mobility and meals; this was provided by staff in a prompt and compassionate manner.

Residents expressed positive opinions about the home and the care provided. Residents told us that staff were friendly and that they were satisfied with the food provided.

Feedback from residents and staff indicated that they were very satisfied with the care and service provided at Anniscliff House.

RQIA were assured that the delivery of care and services provided in Anniscliff House was safe, effective, and compassionate and that the service was well led.

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

### **3.0 How we inspect**

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

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

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

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

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

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

## 4.0 What people told us about the service

We met with 17 residents and three staff either individually or in small groups.

Residents told us that they were satisfied with the care delivery in the home. They described staff as “good” and “very kind.” and said that there was enough staff available and that they get help and assistance when they need it. Observation during the inspection indicated that residents’ needs were met.

One resident talked about the visits from their relatives. Residents were observed taking part in various music activities which they enjoyed very much. Visiting arrangements in the home were ongoing.

Staff spoke positively about working in the home and advised there was good team work within the home. Staff spoken with said “that the care provided was to a very high standard and the care provided is safe”.

## 5.0 The inspection

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

The last inspection to Anniscliff House was undertaken on 8 December 2020 by a pharmacy inspector; no areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect residents. We noted on two of the records reviewed that the Enhanced AccessNI certificate was retained on file. This is not in keeping with best practice guidance as the certificate should be returned to the applicant. This was identified as an area for improvement.

There were systems in place to ensure staff were trained and supported to do their job. For example staff were provided with a range of training including mandatory training and received regular supervision and appraisal. We discussed with the manager about the benefits of completing a yearly planner to monitor staff supervision and appraisals.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. The manager and staff told us that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff were appropriately registered with their professional body and systems were in place to ensure this remained live. Newly appointed care staff were supported to register with the Northern Ireland Social Care Council (NISCC). While there was a system in place to monitor staff registration and this was checked on a monthly basis; we spoke with the manager about the importance of implementing a matrix which would help to ensure adequate oversight.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way. Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to residents' requests for assistance promptly and in a caring and compassionate manner.

Residents said that staff were always available to help and support them and that they were kind to them.

### **5.2.2 Care Delivery and Record Keeping**

When we walked around the home; the atmosphere was calm and relaxed. We observed residents able to walk around freely and music was playing in the background.

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. In addition, residents' care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

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

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. We observed the dining experience and noted that there was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. The tables were set with condiments and a variety of drinks available. Residents said that they had enjoyed their meal and the company of others. Residents could also choose to take their meals in their own rooms if they wished.

The dining experience was calm and unhurried. It was observed that residents were enjoying both their meal and the overall dining experience. Supervision and support from staff was readily available where this was required.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents' care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

We spoke with the manager about the need to further develop risk assessments. We could see that there were some risk assessments completed where a risk was identified; however these should also be in place for any resident where there is a potential risk for example; choking, falls, etc. This was identified as an area for improvement.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

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

Residents looked well cared for in that they were well dressed with attention to detail in regards to personal appearance.

Staff reported that the care provided to the residents was of a high standard and was person centred.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that it was well maintained. Residents' bedrooms were personalised with items important to the residents. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. Fire exits and corridors were observed to be clear of clutter and obstruction.

The home's most recent fire safety risk assessment was completed on 19 May 2021. There were no recommendations made from this assessment. A review of the records of fire safety checks confirmed these were completed on a weekly basis. We spoke with the manager about the bedroom doors as a number of them were not fully closing. We were advised that this was reviewed by the fire risk assessor who raised no concerns in relation to this.



Records were also in place to verify that the appropriate checks were completed in regards to water temperatures.

Appropriate precautions and protective measures were in place to manage the risk of infection. The home is participating in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

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

Staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

#### **5.2.4 Quality of Life for Residents**

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges.

In the morning we observed some residents participating in individual activities such as word searches, games or listening to church services.

Residents were offered choices throughout the day; from where and how they wish to spend their time, what they ate and drank and what activities they wished to participate in.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was suspended due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place and staff commented on the positive benefits to the physical and mental wellbeing of residents; the manager communicated with residents' relatives in order to keep them updated on matters such as visiting arrangements.

Residents said the range of available activities within the home kept them occupied during the day. Staff said that they enjoyed participating in activities with the residents.

#### **5.2.5 Management and Governance Arrangements**

Mrs Bernadette McGilligan is the manager of Anniscliff House. Staff commented positively about the manager and described her as approachable and always available for guidance. Staff were particularly appreciative of the practical and emotional support provided to them by the manager during the COVID-19 pandemic.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager completed regular audits of falls, IPC and the home's environment.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was an effective system in place to manage complaints which were seen as an opportunity for the team to learn and improve.

A record of compliments received about the home was kept and shared with the staff team; this is good practice.

We spoke with the manager about the importance of completing the monthly monitoring reports in accordance with the standards to ensure the quality of service provision in the home is reviewed. The manager agreed to implement this going forward.

In summary, there were robust governance arrangements in place to effectively monitor care delivery and service provision, and to help drive improvement.

## 6.0 Conclusion

Residents were supported by staff to have meaning and purpose in their daily life in Anniscliff House; the interactions between residents and staff were warm and supportive with staff delivering care in a way that promoted the dignity of residents.

The environment was clean, tidy and well maintained to a good standard. Staff responded to the needs of the residents and provided support in a timely way.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2

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



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19.3  <b>Stated:</b> First time	The registered person shall ensure that Enhanced AccessNI certificates are stored in accordance with the AccessNI Code of Practice.  Ref: 5.2.1
<b>To be completed by:</b> With immediate effect	<b>Response by registered person detailing the actions taken:</b> All Enhanced Access NI certificates are now stored in accordance with the Access NI Code of Practice.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time	The registered person shall ensure that risk assessments are completed for residents where there is a potential risk of harm.  Ref: 5.2.2
<b>To be completed by:</b> With immediate effect	<b>Response by registered person detailing the actions taken:</b> Risk assessments are now completed for residents where there is a potential risk of harm.

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



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