



The **Regulation** and
Quality Improvement
Authority

Clonmore House
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Newtownabbey
BT37 9DY

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**Unannounced Care Inspection
of
Clonmore House**

8 October 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

1. Summary of inspection

An unannounced care inspection took place on 8 October 2015 from 10.00 to 15.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard and theme we inspected were assessed as being met. Areas for improvement were identified and are 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 |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 1 | 0 |

The details of the QIP within this report were discussed with Tracy McCartney, Deputy Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

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|--|---|
| Registered Organisation/Registered Person: Northern Health and Social Care Trust | Registered Manager: Jeanette Mitchell |
| Person in charge of the home at the time of inspection: Tracey McCartney, Deputy Manager | Date manager registered: 1 April 2005 |
| Categories of care: RC-I | Number of registered places: 42 |
| Number of residents accommodated on day of inspection: 26 | Weekly tariff at time of inspection: £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/processes

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

Prior to the inspection the following records were analysed: returned quality improvement plan from the previous inspection and notifications to RQIA since the previous inspection.

We inspected three care records, complaints records, staff training records, fire safety risk assessment, accident and incident records.

We met with fifteen residents, five members of staff of various grades. No visiting professionals were present during the inspection. We spoke with three residents' representatives during the inspection. We left ten resident and ten staff questionnaires with the registered manager for distribution, completion and return to RQIA.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 14 April 2015. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of requirements and recommendations from the last care inspection dated 10 March 2015.

No requirements or recommendations were made as a result of the previous inspection.

Areas for Improvement

| | | | |
|-------------------------|---|----------------------------|---|
| Number of requirements: | 0 | Number of recommendations: | 0 |
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5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The registered manager confirmed to us that residents can spend their final days in the home unless there are documented healthcare needs to prevent this.

We inspected three residents care records and confirmed that care needs assessments, risk assessment and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect the needs and preferences of the resident at all times. The needs assessments and care plans were appropriately signed.

We noted that care plans contained details of residents' wishes regarding any specific arrangements at the time of his or her death. Care records also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the general practitioner relating to medical interventions, this as noted within the care records.

Is care effective? (Quality of management)

The home had a policy and procedure relating to death and dying. The policy gave guidance on how to manage this area of need.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is care compassionate? (Quality of care)

Staff members who spoke positively to us indicated that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a residents.

The staff described how a resident has been cared for in the home at the end of life; whilst the medical needs of the residents had been met by the general practitioner and the district nursing team, the care needs of the resident were fully met by the staff. The family had been able to be with the resident at the end of life.

The staff accommodated the family and made them comfortable within the home. The news of the resident's death had been given to fellow residents in a sensitive manner.

In our discussions with the staff they confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences.

The registered manager confirmed to us that the deceased resident's belongings were handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

Areas for improvement

There were no areas for improvement, overall this standard was met.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

The staff members we interviewed during the inspection were able to demonstrate knowledge and understanding of continence care.

We inspected three residents' care records which confirmed that person centred assessments and care plans were in place relating to continence. Staff members were able to describe the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the residents of the resident in relation to continence management.

There was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons, and hand washing dispensers were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is care effective? (Quality of management)

The home has a policy and procedure relating to the management of continence. The policy was comprehensive and gave adequate guidance for staff. In our discussions with staff there were able to identify continence issues and the importance of continued review and evaluation.

The registered manager confirmed to us the trust continence care team can be contacted for advice and direction; they also carry out regular reviews.

Is care compassionate? (Quality of care)

In our discussions with staff they recognised the potential loss of dignity associated with incontinence. They gave examples of how they ensure, as far as possible, the resident's dignity and independence is maintained when assisting with individual continence management. Residents related to us that staff members provide assistance with continence care in a sensitive and caring manner.

Areas for improvement

There were no areas of improvement identified with the theme inspected. Overall, this theme was met.

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| Number of requirements: | 0 | Number of recommendations: | 0 |
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5.4 Additional areas examined

5.4.1 Residents views

We met with fifteen residents, seven individually and the rest in smaller groups. In accordance with their capabilities they all indicated that they were happy with their life in the home, their relationship with staff and with the provision of care. Some comments included:

- “the staff are good and the food is nice”
- “staff are very helpful”

No questionnaires were returned to RQIA in time for inclusion in this report.

5.4.2 Relatives/representatives' views

We spoke with three relatives individually. All spoke positively about the home. One relative commented:

- “staff are great and very helpful”

5.4.3 Staff views

We met with five staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by management and are given the necessary resources to fulfil their duties. Some comments included:

- “I like working here. There is good teamwork”
- “Staff are all great to work with”

5.4.4 Visiting professional's views

There were no visiting professionals on the day of inspection.

5.4.5 Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

5.4.6 Accidents/incidents

The registered manager confirmed accident and incident notifications since the previous inspection had been reported and managed appropriately. The records inspected confirmed this was correct.

5.4.7 Complaints

An inspection of the complaints records confirmed these had been recorded and managed appropriately. Records were retained of investigations, outcomes and of lessons learned.

5.4.8 Fire Safety

On the day of inspection the home's Fire Safety Risk Assessment was in date. Weekly fire checks had not been completed. A requirement was made in this regard. We inspected the staff training records which confirmed that staff members had received fire training twice yearly in accordance with regulation.

5.4.9 Environment

We found the home was clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were of good standard. Communal lounges were comfortable and offered a choice of seating for residents. Resident's bedrooms were comfortable and personalised.

Areas for improvement

There were no areas of improvement identified with the theme inspected. Overall, this theme was met.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 1 | Number of recommendations: | 0 |
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Tracey McCartney, Deputy Manger 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 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

| | | | |
|--|--|-----------------------|----------|
| Requirement 1 | The registered person must ensure weekly fire checks are completed. | | |
| Ref: Regulation 27- (4) (d) (v) Stated: First time To be completed by: 8 October 2015 | Response by Registered Person(s) detailing the actions taken: All staff has now completed fire training and has attended twice yearly. senior staff were reminded of their job roles and the importance of maintaining fire records manager to start random audits on the fire weekly checks to ensure that staff are fulfilling their roles and responsibilities | | |
| Registered Manager completing QIP | Tracey McCartney | Date completed | 29/12/15 |
| Registered Person approving QIP | Dr Tony Stevens Una Cunning | Date approved | 19/04/16 |
| RQIA Inspector assessing response | Patricia Galbraith | Date approved | 23/05/16 |

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address