

Inspection Report

1 February 2024



Clonmore House

Type of service: Residential (RC)

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Northern Health and Social Care Trust Responsible Individual: Ms Jennifer Welsh	Registered Manager: Mrs Tracey McCartney Date registered: 14 July 2023
Person in charge at the time of inspection: Mrs Tracey McCartney, manager	Number of registered places: 42 The home is approved to provide care on a day basis only to 2 persons
Categories of care: Residential Care (RC) I – Old age not falling within any other category.	Number of residents accommodated in the residential care home on the day of this inspection: 14
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 42 residents. This includes residents staying for a period of respite from their own homes. The home is located over two floors. All residents have their own bedrooms and access to communal lounges, bathrooms and a dining room.	

2.0 Inspection summary

An unannounced inspection took place on 1 Februarys 2024, from 9.50 am to 4.30 om by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home during the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm and clean and had a homely, relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner.

Residents said that staying in the home was a good experience. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Residents and their relatives confirmed that they would have no issue with raising any concerns or complaints to staff.

Staff were knowledgeable with regards to the residents' needs and preferences and were well trained to deliver safe and effective care. Specific comments received from residents, their relatives and staff are included in the main body of this report.

Two new areas for improvement were identified during this inspection with regards to care records and monthly monitoring visit reports.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

Addressing the areas for improvement will further enhance the quality of care and services in Clonmore House.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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 Mrs Tracey McCartney, manager at the conclusion of the inspection

4.0 What people told us about the service

Residents told us that they were happy staying in Clonmore House. Residents' comments included, "The people who work here take great pride in their work," "I have no complaints, this place is very good," and "The staff here are excellent, they are very responsive."

Staff told us, "The residents are well looked after," "Everyone pulls together here, brilliant team work," and "It is great to see the residents develop from when they come into the home until they go back to their own homes."

We spoke with one residents' relative, who told us "This is excellent, it is very reassuring for me, I have no complaints."

Two questionnaires were received from service users, both respondents indicated that they were happy with the care provided in Clonmore House and indicated that the care provided was compassionate and that the home was well led.

No additional feedback was provided by relatives or staff following the inspection.

5.0 The inspection

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

Areas for improvement from the last inspection on 16 11 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14(2) (a) Stated: Second time	The registered person shall ensure all cleaning chemicals are stored safely and securely. Action taken as confirmed during the inspection: This area for improvement was met.	Met
Area for improvement 2 Ref: Regulation 21 (1) (b) Stated: First time	The registered person shall put a system in place to ensure a checklist evidencing all pre-employment checks are completed, and is available for inspection. Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 Ref: Regulation 13 (4)	The registered person shall ensure that all residents have a continuous supply of their prescribed medicines.	

Stated: First time	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	Carried forward to the next inspection
Area for improvement 4 Ref: Regulation 30 Stated: First time	<p>The registered person shall ensure medicines incidents are reported appropriately, including to RQIA and the prescriber.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	<p>The registered person shall ensure that the duty rota:</p> <ul style="list-style-type: none"> includes the first and surname of all staff identifies the person in charge of the home in the absence of the manager does not contain entries or amendments made in pencil. <p>Action taken as confirmed during the inspection: This area for improvement was partially met and has been stated for a second time.</p> <p>See section 5.2.1 for further details.</p>	Partially met
Area for improvement 2 Ref: Standard 13 Stated: First time	<p>The registered person shall ensure that staff training on Care of Substances Hazardous to Health (COSHH) is embedded into practice and evaluated as part of quality improvement.</p> <p>Action taken as confirmed during the inspection: This area for improvement was met.</p>	Met
Area for improvement 3 Ref: Standard 13 Stated: First time	The registered person shall ensure that a structured program of activities is offered to residents and that a record is kept of all activities that take place in the home.	Partially met

	<p>Action taken as confirmed during the inspection: This area for improvement was partially met and has been stated for a second time.</p> <p>See section 5.2.4 for further details.</p>	
<p>Area for improvement 4 Ref: Standard 20.10 Stated: First time</p>	<p>The registered person shall ensure that working practices are systematically audited and these audits are complete and dated correctly.</p>	Not met
	<p>Action taken as confirmed during the inspection: This area for improvement was not met and has been stated for a second time.</p> <p>See section 5.2.5 for further details.</p>	
<p>Area for improvement 5 Ref: Standard 6 Stated: First time</p>	<p>The registered person shall ensure that care plans are in place to direct staff when a resident is prescribed medicines to manage chronic pain.</p>	Carried forward to the next inspection
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	
<p>Area for improvement 6 Ref: Standard 30 Stated: First time</p>	<p>The registered person shall implement a robust medicines management audit which covers all aspects of medicines management to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff.</p>	Carried forward to the next inspection
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents. Enhancement of the

recruitment checklist with regards to previous employment was discussed with the manager and this will be further reviewed at the next inspection.

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 there was enough staff on duty to meet the needs of the residents.

The staff duty rota accurately reflected 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. Changes to the duty rota have continued to be made in pencil, this was discussed the manager during feedback and an area for improvement was stated for a second time.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' 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 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. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The menu for the day was on display and staff confirmed that choices for meals were always offered. One resident commented, "The food here is very good, in fact it is fantastic."

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.

Daily records were kept of how each resident spent their day and the care and support provided by staff.

Supplementary documentation held within the care files had not been fully completed or updated. For example, some assessments had not been dated or signed and information with regards to residents' wishes were missing from some files. In addition, documentation with regards to personal care had not been updated to match the information reflected in other parts of the care file. For example, personal care charts were not being filled in regularly as to when personal care had been completed or refused and what actions were taken when personal care had been refused. This was discussed with the manager during feedback for action. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. Corridors were clean and free from clutter or hazards. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable.

Fire doors were unobstructed and areas containing items with potential to cause harm such as the cleaning stores and sluice rooms were appropriately secured.

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

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

The manager told us that the care staff were responsible to ensure the activities took place. Care staff spoken with told us activities will happen when they have time however, there was no activity planner available to inform the residents of the activity on the day and significant gaps in the recording of the activities provided was observed. One resident spoken with told us there was a lack of activities for them to do. This was discussed with the manager during feedback and an area for improvement was stated for a second time.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Tracey McCartney has been the registered manager of this home since 14 July 2023.

There was limited evidence of recent audits available for inspection. The importance of a robust auditing system was discussed with the manager during feedback. An area for improvement was stated for a second time.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would address any concerns raised.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy, the home has this in place and the staff confirmed that they knew who to report safeguarding concerns to. It was established that good systems and processes were in place to manage the

safeguarding and protection of vulnerable adults. Staff presented as knowledgeable with regards to the safeguarding process.

Review of records identified that monthly monitoring reports in accordance with Regulation 29 were insufficiently robust so as to drive necessary improvements within the home, for example action plans had not been followed up from the previous month. No reports were available for July 2023 or August 2023. This was discussed with the manager during feedback. An area for improvement was identified.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
Total number of Areas for Improvement	3*	6*

* the total number of areas for improvement includes three standards that have been stated for a second time and two regulations and two standards which are carried forward for review at the next inspection.

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: From date of inspection (16 November 2023)	<p>The registered person shall ensure that all residents have a continuous supply of their prescribed medicines.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Regulation 30 Stated: First time From date of inspection (16 November 2023)	<p>The registered person shall ensure medicines incidents are reported appropriately, including to RQIA and the prescriber.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 3 Ref: Regulation 29 Stated: First time To be completed by: 31 March 2024	<p>The registered person shall ensure that the Regulation 29 monitoring visits are completed on a monthly basis. These reports should be robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Monitoring visits will continue to be completed on a monthly basis with focus on the reviewing of identified actions by the registered person on receipt of the report. All monitoring visits must review the previous months action and follow up on any outstanding improvements needed.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 25.6 Stated: Second time To be completed by: 1 February 2024	<p>The registered person shall ensure that the duty rota:</p> <ul style="list-style-type: none"> • includes the first and surname of all staff • identifies the person in charge of the home in the absence of the manager • does not contain entries or amendments made in pencil. <p>Ref: 5.1 & 5.2.1</p>

	<p>Response by registered person detailing the actions taken:</p> <p>The registered person had implemented changes to the rotas ensuring the person in charge of the unit is clearly identifiable however this will be audited weekly by the manager to ensure compliance. All other staff are identified by first name and surname including role within the unit. All staff have been reminded not to make entries or amendments in pencil and this will be audited daily by the manager and or the senior in charge in the absence of the manager.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p> <p>To be completed by: 1 February 2024</p>	<p>The registered person shall ensure that a structured program of activities is offered to residents and that a record is kept of all activities that take place in the home.</p> <p>Ref: 5.1 & 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Clonmore has a structured programme of events in place that is offered to all residents. A record is kept of all the activities, this includes a record of the activities that are offered and declined. All residents when admitted into our facility complete a 'getting to know you'. This also provides them with an opportunity to note their preference in relation to activities. The registered person will audit this weekly to ensure an accurate record is kept.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 20.10</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2024</p>	<p>The registered person shall ensure that working practices are systematically audited and these audits are complete and dated correctly.</p> <p>Ref: 5.1 & 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The monthly audit recording document has been reviewed and staff provided appropriate guidance on how to ensure working practices are systematically audited and documented accordingly. The registered person will ensure that audits are recorded accurately, and in line with recording and reporting procedures and discuss this at all team meetings.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans are in place to direct staff when a resident is prescribed medicines to manage chronic pain.</p> <p>Ref: 5.1</p>

To be completed by: From date of inspection (16 November 2023)	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 5 Ref: Standard 30 Stated: First time To be completed by: From date of inspection (16 November 2023)	The registered person shall implement a robust medicines management audit which covers all aspects of medicines management to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 6 Ref: Standard 8.5 Stated: First time To be completed by: 31 March 2024	The registered person shall ensure that all residents' records held in the home are accurate, up to date, signed and dated by the person making the entry. Ref: 5.2.2
	Response by registered person detailing the actions taken: The registered manager will continue to review all residents records to ensure that they are reflective of the needs of the resident. The registered manager will continue to audit resident files to ensure compliance with standard 8.5.

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