

Unannounced Care Inspection Report 4 March 2021



Clonmore House

Type of Service: Residential Care Home (RCH)

**Address: 22-28 Crossreagh Drive, Rathcoole,
Newtownabbey, BT37 9DY**

Tel No: 028 9085 1153

Inspector: Alice McTavish

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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 residential care for up to 42 residents. Clonmore House has a limited number of beds for people who need rehabilitation after discharge from hospital.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Jennifer Welsh, acting	Registered Manager and date registered: Tracey McCartney, acting manager since 1 December 2015
Person in charge at the time of inspection: Tracey McCartney	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 home on the day of this inspection: 16

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

An inspection was undertaken on 4 March 2021 between 09.40 and 17.05 hours. The inspection sought to assess progress with areas for improvement identified during the previous inspection and to assess whether the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- care delivery
- care records
- governance and management arrangements

Residents said that they had a good experience of being in Clonmore House, that the home was very comfortable and clean and staff treated them very well.

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	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Tracey McCartney, 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:

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

During the inspection the inspector met with five residents, two care staff and two visiting professionals, a member of domestic staff and the cook. Ten questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide on-line feedback to RQIA. The inspector left 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision. No feedback was received by RQIA.

The following records were examined during the inspection:

- duty rotas for 5 to 18 March 2021
- staff induction
- correspondence with HSC Business Services Organisation regarding individual staff recruitment
- staff supervision and appraisal
- competency and capability assessments
- daily staff handover records and communication book
- a selection of quality assurance audits
- complaints and compliments
- incidents and accidents
- residents' care records
- provider's monthly monitoring visit reports
- fire risk assessment and fire safety records

The electronic records of staff training were submitted after the inspection.

Areas for improvement identified at the last 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(s)

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 22 October 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) and (b) Stated: First time	The registered person shall ensure that care is prescribed and delivered so as to make proper provision for the care and where appropriate, treatment and supervision of residents. Residents' care records must reflect that planned care meets assessed resident need. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Inspection of care records confirmed that these were appropriately signed and dated, care plans and risk assessments were regularly reviewed and documentation was regularly audited. Where a member of the multi-disciplinary team directed care, this was followed and recorded.	
Area for improvement 2 Ref: Regulation 17 Stated: First time	The registered person shall ensure that the governance arrangements in the home are robust and reflect the quality of services and care provided for residents. Ref: 6.6	Met
	Action taken as confirmed during the inspection: Discussion with the manager and a review of the governance audits and oversight provided by senior Trust staff confirmed that these arrangements were robust.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 15 Stated: First time	The registered person shall ensure that residents have a safe (lockable) place to store their personal items or monies in their bedrooms and that where money is received by staff from a resident or relative a receipt is issued and the appropriate financial records are maintained. Ref: 6.3	Met
	Action taken as confirmed during the inspection: Inspection of the premises confirmed that each resident had a lockable space for secure storage of items of value. Receipts were issued and appropriate financial records were maintained for any money received by staff for residents.	

6.2 Inspection findings

6.2.1 Infection Prevention and Control practices including the use of Personal Protective Equipment

Signage was present at the entrance to the home to reflect the current guidance on Covid-19. All visitors and staff had a temperature and symptom check completed. Staff had a further temperature check completed before they left their working shift. Residents had health monitoring checks completed twice daily. Records were maintained of all health checks.

Domestic and care staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

There was a dedicated room for staff to put on the correct PPE before commencing duties and to take off PPE and dispose of this in a safe way. PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 pandemic. We saw that staff used PPE according to the current guidance.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times.

6.2.2 The internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, lounges and the dining areas.

The manager reported that some rooms in the home had been refurbished and new carpets were due to be provided. The fascia boards and plasterwork on the outside of the home was

due to be painted in the summer months. We saw that bedrooms had new beds, bedside lockers, chests of drawers and easy chairs supplied. The manager reported that new curtains had been chosen and were due to be supplied in the near future. We noted that the built-in wardrobes in bedrooms were outdated, sometimes in poor condition and now looked out of place beside the new furniture. The tiling around vanity units was also loose in some rooms. This was identified as an area for improvement.

The manager reported that the Trust was considering installing a wifi upgrade and purchasing smart televisions which would better support residents to maintain contact with relatives and friends. This would represent good practice.

We saw that residents' bedrooms were personalised with items of memorabilia and special interests. The home was decorated to a good standard, was well ventilated and comfortable. All areas within the home were found to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

The home had a current fire risk assessment and all recommendations had been actioned. Regular fire checks were completed and records maintained.

6.2.3 Staffing arrangements

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.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see 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 discussed the system in place to have all necessary pre-employment checks completed to ensure that staff were safe to work in the home. We saw written confirmation that all appropriate documentation was in place.

We reviewed induction records which confirmed that staff were correctly prepared to work with residents. We saw that the manager had a system in place to provide staff with regular supervision and that staff received an annual appraisal. We found that staff competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty. Such assessments were reviewed annually by the manager. This is good practice.

We reviewed the records of mandatory training after the inspection. We saw that some training was clearly out of date; there was, however, a system in place to identify what training remained in date, what was about to go out of date and what needed to be addressed. We also saw that dates had already been arranged for some areas of training. Whilst it acknowledged that the Covid-19 pandemic has caused significant disruption to training, it remains necessary to ensure that staff are provided with the core training essential to delivering safe care. The area of maintaining mandatory staff training was identified as an area for improvement.

The staff reported that they all worked together for the benefit of the residents, they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was

good team working and that there was effective communication between staff and management.

Staff made the following comments:

- “I was redeployed to Clonmore House from day care when the day centres closed due to Covid-19. I was a bit apprehensive about the move, but I have learned many new skills working in residential care and I love it. The whole staff team and the manager have been very supportive and approachable.”
- “There is great team working here and the staffing levels are good, so the residents get the right level of care. I know I can always go to the senior care staff or the manager if there’s anything I’m not sure of...all the staff help each other. We are always getting training and all of mine is up to date. I feel the work here is very rewarding, especially seeing people coming out of hospital not feeling great and recovering well here and putting on weight.”

6.2.4 Care delivery

We observed that residents looked well cared for; they were well presented and nicely dressed. It was evident that staff knew the residents well; staff spoke to residents kindly and were very attentive. 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:

- “The care here is very good. The staff are always around to help. I have a call bell in my room, but I don’t like to use it. The staff are always telling me that I should use it if I need to. When I did use it, they came to me immediately.”
- “The staff are very good. I have a lovely room. It is bright and comfortable and I can get a good night’s sleep. The staff check in on my during the night. I didn’t know that they would be doing that before I came here, but I’m glad of it. The food is good and we get lots of cups of tea and biscuits during the day.”
- “I’m very happy with my room and the staff are good to me.”
- “I have received the very best of care here...the place is kept very clean, they’re always cleaning!”

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was disrupted due to the Covid-19 pandemic. The care staff assisted residents to make phone calls or use video calls with their families.

Arrangements were in place to facilitate relatives visiting their loved ones at the home and some window visits continued. Visiting was by appointment. A designated room was available. This was situated towards the back of the building and access was by an external door near the visiting room to reduce footfall through the home. All visitors wore masks and had hands sanitised upon entering the building. The visiting room was set out to maintain social distancing and the room was fully sanitised before and after each visit. The manager reported that some residents had care partners and this was working well with evident benefits to both the resident and the family member.

The dining room was set up as a temporary kitchen as the catering kitchen was being refurbished. Residents either took their meals in their own rooms or in smaller rooms set up for dining. We saw that 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 for residents. Residents used hand sanitiser before taking their meals and staff ensured that walking aids had their handles cleaned regularly so that residents' hands were kept clean. This is good practice.

We spoke with two visiting professionals who made the following comments:

- “The staff keep excellent communication with our service; they are very supportive of the residents and are knowledgeable about how to best support our rehabilitation clients. They are good at reporting any concerns and escalating anything that needs this. The staff also carry out our recommendations.”
- “I believe the care here is good. The staff are friendly and helpful and they get to know the residents well. They are good at promoting the independence of residents.”

6.2.5 Care records

We reviewed the care records of one resident in detail and the records of a selection of residents who were receiving rehabilitation. We saw that the records were written in a professional manner and used language which was respectful of residents. We saw evidence that detailed, comprehensive care plans were in place to direct the care required. Care plans and associated risk assessments were completed and reviewed on a regular basis. A specific care plan was in place for visiting arrangements during the Covid-19 pandemic.

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.

6.2.6 Governance and management arrangements

There was a clear management structure within the home. Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. We saw that there was good communication between staff and management.

There was a system of audits which covered a range of areas such as falls, IPC, hand hygiene and care records. The audits were completed regularly to ensure that the manager had effective oversight of care delivery to residents.

We examined the records of accidents and incidents which had occurred in the home and found that these were managed and reported appropriately.

We reviewed how complaints were managed; we were assured that complaints were managed appropriately and were viewed as an opportunity to learn and improve. We also saw that numerous compliments were received by staff. Some examples of compliments are as follows:

- “To everyone at Clonmore, thank you all so much for looking after me so well during my time here. You have made me so welcome and instead of feeling scared and isolated, I felt as though I was with family. I've loved meeting all of you and will be forever grateful.”
- “Thank you for all the dedicated care and kindness that you gave our (relative) during her stay with you. It was very much appreciated and gave us great peace of mind knowing she was in good hands.”

- “I just wanted to say a huge thank you to you all for keeping my (relative) and everyone else safe during lockdown. It can’t have been easy but you all did a brilliant job.”
- “Many thanks for all your help and kindness while I was with you, you made my stay less stressful while I was there.”

We looked at the records of the visits by the registered provider and saw that these were completed in detail; where action plans were put in place, these were followed up to ensure that the actions were correctly addressed. The manager also advised that there was regular contact with her line managers to ensure there was the correct level of managerial oversight of the running of the home.

We discussed with the manager that she must make application to RQIA for registration as manager without delay. The manager agreed to do so. We also discussed with the manager that the Trust should consider submitting a variation to RQIA for the reduction in bed numbers for the home as nine rooms on the first floor of the home are no longer in use for residents.

Areas of good practice

We found good practice throughout this inspection in relation to the warm and supportive interactions between residents and staff, the cleanliness of the home, staff adherence to the current PPE guidance and to the systems to ensure good management and governance.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to the home’s environment and to staff training.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy and staff wore PPE in line with the guidance. We were assured that the care provided in Clonmore House was safe, effective, compassionate and well led.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tracey McCartney, 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27.1 Stated: First time To be completed by: 28 May 2021	The registered person shall ensure that firm plans are put in place for the replacement of built-in furniture and vanity units in residents' bedrooms. Ref: 6.2.2 Response by registered person detailing the actions taken: This has been discussed with senior management who have agreed that contracts and new quotes to be sourced to enable a refurbishment of all bedrooms
Area for improvement 2 Ref: Standard 23.3 Stated: First time To be completed by: 30 June 2021	The registered person shall ensure that mandatory training requirements are met. Ref: 6.2.3 Response by registered person detailing the actions taken: covid 19 pandemic impacted on normal to face to face training. The Trust has adapted mandatory training to be delivering via e-learning the majority of mandatory training can delivered in this format and is now operational

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



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