

Inspection Report

Name of Service: Clonmore House

Provider: Northern Health and Social Care Trust

Date of Inspection: 6 January 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Northern Health and Social Care Trust
Responsible Individual:	Ms Jennifer Welsh
Registered Manager:	Mrs Tracey McCartney
Service Profile – 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 6 January 2025, from 9.30 am to 4.20 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 1 February 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care. Residents said that living and staying in the home was a good experience.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Four areas for improvement have been carried forward for review at the next medicines management inspection and two areas for improvement have been restated. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoken with said that the staff were "very good." Comments included, "The care staff are all very good, they are very kind," and "It is super here, there are no problems." One resident said, "I was here before and was very happy to come back, I am glad I am here."

Residents told us that they were offered choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff said that they enjoyed working in Clonmore House, some of the comments shared by staff included; "It's a hard job, but we are well supported, everything is ok." Staff also commented on the support from the manager, one staff member said, "there is good support from the manager and the senior team."

No questionnaires were received from residents', relatives or visitors. No responses were received from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs

of residents. There was evidence of systems in place to manage staffing. Enhancement of the recruitment checklist was discussed with the manager for future action.

Discussion with the manager confirmed that outstanding mandatory training in relation to infection prevention and control and dysphasia for all staff had been arranged. The manager confirmed by email that staff had completed this training.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were mostly satisfied with the staffing levels. Comments regarding staffing levels were shared with the manager for review and action if necessary.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

There was no evidence of staff receiving individual, formal supervision this was discussed with the manager and an area for improvement was identified.

3.3.2 Quality of Life and Care Delivery

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.

Staff were observed to be prompt in recognising residents' needs. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were observed interacting with residents in a positive and respectful manner throughout the day.

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 observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

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 and their diet modified. Staff confirmed that a safety pause was carried out before mealtimes to ensure good communication across the team about any changes in residents' dietary needs.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried, music was playing in the background at an appropriate level. It was observed that residents were enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was understood by the manager and staff. Residents' needs were met through a range of individual and group activities such as religious services, quizzes and arts and crafts. Activities were offered on a daily basis, however these

activities were not always structured and were at times ad hoc depending on the preferences of the residents. This was discussed with the manager who agreed to ensure that the daily activity was displayed for resident's information.

Discussion with staff evidenced that they understood that meaningful activity was not isolated to the planned social events or games. Staff were observed to be chatting and joking with residents throughout the day.

Residents confirmed that they were encouraged to participate in regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, staffing and menu choices. Observation of records confirmed that residents' meeting took place.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 person centred, regularly reviewed and updated to ensure they continued to meet the residents' needs. There was evidence of inconsistencies in one of the care records reviewed, this was discussed with staff and immediately addressed. Care staff recorded regular evaluations about the delivery of care. 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.

Residents who were assessed as requiring a Deprivation of Liberty Safeguard (DoLS) had records in place to reflect this, the sample of care records reviewed evidenced that care plans had been updated to reflect any changes in relation to the DoLS.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Review of records and discussion with the manager confirmed that systems were in place to monitor the quality of the services provided. However, gaps were identified in these audits, for example; a number of these audits did not evidence the managers oversight, this is further discussed in section 3.3.5

Observations confirmed that systems and processes were in place to manage infection prevention and control, staff were observed using personal protective equipment (PPE) in accordance with the regional guidance.

3.3.5 Quality of Management Systems

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.

A review of records evidenced that there were audits in place to review infection prevention and control (IPC) and hand hygiene, however these audits were not robust in identifying deficits and no action plans to drive improvement had developed following the audits. Hand hygiene audits had not been completed on a regular basis.

Falls audits lacked detail regarding trends and follow up actions if required. There was no audit available for residents' care records resulting in incorrect and incomplete information being recorded in one residents care plan.

RQIA first issued an area for improvements regarding the systematic auditing of care and services provided by the home in June 2023 and again in February 2024. Following discussions with senior management it was decided to state this area for improvement for a third time to allow the registered manager more time to achieve compliance with the standard.

There was evidence of monthly monitoring visits completed in the home by a representative of the responsible individual, however there was evidence that these were not always accurate or up to date. This was discussed with the manager during feedback and an area for improvement was stated for a second time.

A record of compliments to the home was kept and shared with the staff team. Compliments included, "the staff are amazing," and "thank-you for looking after me so well."

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3*	4*

* the total number of areas for improvement includes one regulation that has been stated for a second time, one standard that has been stated for a third time, two regulations and two standards which have been 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 29 Stated: Second time To be completed by: 31 January 2025	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. Ref: 3.3.5
	Response by registered person detailing the actions taken: Registered manager has addressed this with senior line managers. Regulation 29 monthly monitoring will be now completed by senior area manager to ensure they are robust with clear actions. These monitoring visits will take place across the seven day week
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: From date of inspection (16 November 2023)	The registered person shall ensure that all residents have a continuous supply of their prescribed medicines. Ref: 2
	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 3 Ref: Regulation 30 Stated: First time From date of inspection (16 November 2023)	The registered person shall ensure medicines incidents are reported appropriately, including to RQIA and the prescriber. Ref: 2
	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.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 20.10 Stated: Third time	The registered person shall ensure that working practices are systematically audited and these audits are complete and dated correctly. Ref: 3.3.5

To be completed by: 31 January 2025	Response by registered person detailing the actions taken: The manager will ensure that all working practices are systematically audited and audits are complete, dated correctly, quality assured and countersigned by the manager. The manager has addressed this at senior team meeting and supervision and has clarified staff responsibilities .
Area for improvement 2 Ref: Standard 6 Stated: First time To be completed by: From date of inspection (16 November 2023)	The registered person shall ensure that care plans are in place to direct staff when a resident is prescribed medicines to manage chronic pain. 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 3 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 4 Ref: Standard 24.2 Stated: First time To be completed by: 31 January 2025	The registered person shall ensure that all staff have recorded individual, formal supervision no less than every six months. Ref: 3.3.1
	Response by registered person detailing the actions taken: Manager shall ensure that all staff have recorded individual formal supervision no less than every 3 months. Manager has put in place a 3 monthly schedule for supervision of SCAs.This has also been put in place for SCA supervision of their care staff. There will also be a schedule for 6 monthly supervision for Domestic and Catering Staff.

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