



Unannounced Care Inspection Report 10 January 2020



Clonmore House

Type of Service: Residential Care Home
**Address: 22-28 Crossreagh Drive, Rathcoole,
Newtownabbey, BT37 9DY**
Tel no: 028 9085 1153
Inspector: Heather Sleator

www.rqia.org.uk

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 registered residential care home which provides care for up to 42 residents.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual(s): Mr Anthony Baxter Stevens	Registered Manager and date registered: Mrs Tracey McCartney – Acting Manager
Person in charge at the time of inspection: Caroline McQuilkin Senior Care Assistant, until 14:00 hours Tracey McCartney from 14:00 hours onwards	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	Total number of residents in the residential care home on the day of this inspection: 21

4.0 Inspection summary

An unannounced inspection took place on 10 January 2020 from 10.05 hours to 15.40 hours.

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

Evidence of good practice was found in relation to the culture and ethos of the service, listening to and valuing residents, taking into account their views, choice and preferences. Good practice was demonstrated regarding the staffing arrangements, the environment of the home, provision of nutritional meals and the dining experience. There was evidence of professional development opportunities for staff, good management of accidents/incidents and complaints and effective team working.

Areas for improvement under the regulations were identified regarding the safe administration of medications, the care planning process and records to ensure the delivery of appropriate care, implementing of a robust governance system and the availability of the regulation 29 monthly quality monitoring reports.

Areas for improvement under the care standards were identified regarding the financial procedures and evidencing the action taken by the manager to any recommendation in the fire risk assessment.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	4	2

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.

4.2 Action/enforcement taken following the most recent inspection dated 8 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 8 September 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 30 December 2019 to 10 January 2020
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three resident care records
- two resident supplementary care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- minutes of staff meetings
- a sample of reports of the monthly quality monitoring reports
- RQIA registration certificate
- selected policy documentation

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as 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 the last care inspection dated 8 September 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: First time To be completed by: 16 September 2019	The registered person shall put in place a risk assessment and corresponding care plan for any resident who smokes. This should reflect current safety guidance in relation to smoking taking into account the resident's assessed needs and medical condition(s).	Met
	Action taken as confirmed during the inspection: A review of residents' care records evidenced that where applicable, a risk assessment had been completed for any resident who smokes and the corresponding care plan provided information in relation to managing the risk.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

Staffing levels within the home were reviewed with the person in charge, Caroline McQuilkin, Senior Care Assistant. It was confirmed that staffing levels were planned and kept under review to ensure that the needs of the residents were met. We asked residents about staffing levels. Several residents spoke positively about the home to the inspector, including comments such as:

- “They’re (staff) very good here, very pleasant.”

However, one resident also commented:

- “Don’t think there is enough staff but it’s not their fault.”

A review of the staffing rota provided assurance that rostered staffing levels were regularly met and that the staffing skill mix was in keeping with the Residential Care Homes Minimum Standards, August 2011.

Discussion with both the person in charge and staff provided assurance that staff were effectively supported by the manager through informal conversation, handover reports and supervision and appraisal. Four staff were spoken with individually and each one expressed a high level of satisfaction with the support they received from the manager. Feedback from staff also provided assurance that new members of staff undergo a formal, structured period of induction. One such staff member told the inspector that they had been inducted by other care staff and then worked alongside staff and stated this was helpful. Staff comments included:

- “I had induction here when I started and then I did the corporate one organised by the Trust.”

We reviewed the records maintained which evidenced that there were effective arrangements for monitoring and reviewing the registration status of care staff with the Northern Ireland Social Care Council (NISCC).

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Training is provided to staff by means of either face to face instruction or using online resources. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. However, we reviewed the staff training records and the review did not evidence that robust staff training records were being maintained as there were clear shortfalls as the date of the completed training wasn’t stated. The need for robust governance systems regarding areas such as this was discussed with the manager and has been explored further in 6.6.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits.

The management of adult safeguarding within the home was discussed with the manager. Feedback from staff throughout the inspection confirmed that they possessed an effective understanding of how to recognise and respond to potential safeguarding incidents.

We were advised that the use of potential restrictive practices was very limited, for example; the use of bedrails or alarm/pressure mats when and where there is assessed need. Care records were reviewed regarding the use of a potentially restrictive practice. Evidence was present of risk assessments and care plans to monitor the continued safe use of these types of equipment. Evidence was also present of consultation with the multidisciplinary team in relation to the assessed need for the equipment.

We looked round a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm, comfortable clean and tidy. It was pleasing to note that several communal areas, including a lounge and dining room appearing bright and welcoming to residents and visitors. However, it was observed that residents didn't have a lockable space in their bedrooms for the safe keeping of personal items. We also observed that receipts were not being issued when monies were received on behalf on a resident. Stringent financial procedures should be in place and adhered to. This has been identified as an area for improvement.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to residents' needs. We viewed the laundry facilities which were spacious and well organised.

We also saw that fire safety measures were in place to ensure residents, staff and visitors to the home were safe. Staff confirmed that the fire detection and warning system was tested weekly and that they were aware of the need to complete fire safety drills/evacuations as part of their training programme, the last fire drill being September 2019. The most recent fire risk assessment report was reviewed and was dated November 2019. Recommendations were made as a result of the assessment however; it was unclear as to whether these had been fully addressed. The manager was advised to identify on the report if any recommendation had either been addressed or were in the process of being addressed. This has been identified as an area for improvement.

In relation to the safe administration and storage of medicines we observed that medications were not been administered in accordance with procedure. We observed a residents medication on a meal tray. When medication is dispensed the person who dispenses the medication must ensure that the actual resident received and takes the medication. This has been identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, supervision and appraisal, adult safeguarding, infection prevention and control and the home's environment.

Areas for improvement

The following areas were identified for improvement in relation to the safe administration of medication, the action taken to any recommendation of the fire risk assessment report and financial procedures.

	Regulations	Standards
Total number of areas for improvement	1	2

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Feedback from both the manager and staff confirmed that there was a handover meeting at the beginning of each shift; staff stated they were able to discuss and review the ongoing needs of residents during these meetings.

Staff who were spoken with stated that if they had any concerns, they could raise these with the manager. Staff spoke positively about working within the home. Staff commented, "It's a great place to work in...nice environment and the staff are lovely."

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR). A review of three care records identified a number of shortfalls including; not all care documentation was signed and dated, a care plan had not been updated with the recommendations made by another health professional and the advice made by a health professional was not being followed; for example a resident was to be weighed weekly and evidence was not present to support this was being done by staff. Care records should evidence up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care records should evidence that they are regularly reviewed and updated on a regular basis or as changes occurred and has been identified as an area for improvement. This was discussed with the manager who stated that this would be addressed immediately. A robust system of the auditing of care records should be in evidence so as any issue pertaining to the wellbeing of residents is addressed in a timely manner. Refer to 6.6

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with the manager and staff confirmed that, when necessary, wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage. Referrals were made to the multi-professional team regarding any areas of concern identified in a timely manner.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dining room was warm bright and well ventilated. Condiments and place settings were appropriately set and the environment was pleasant for residents to eat their meals. There was a wide range of choices available for residents to choose from, portion size was good and the meals were well presented. The day’s menu was displayed and staff were observed as being attentive to residents’ needs during the meal service. One resident commented:

- “The food is very good, you get what you can eat....I enjoy my food....I’ve put on weight.”

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with residents, relatives, the manager and staff confirmed that management operated an open door policy in regard to communication within the home. One relative commented:

- “Tracey, the manager, is fabulous.”

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports ,latest RQIA inspection report , there were numerous notice boards with information on display or available on request for residents, their representatives and any other interested parties to read.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the communication between residents, residents’ representatives and staff.

Areas for improvement

The following areas were identified for improvement in relation to the effective management and delivery of care.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 10.00 hours and were met immediately by staff who offered us assistance. Residents were present in the lounge, dining room or in their bedroom, as was their personal preference. Observations of interactions throughout the day demonstrated that patients relating positively to staff and to each other. Residents were engaged by staff with respect and encouragement at all times. One resident commented, “It’s a grand place for old people....staff are good.”

Activities, such as music, quizzes, crafts and board games were part of the weekly programme and are organised and delivered by care staff.

The Trust has a system in place to ensure that the views and opinions of residents were sought and taken into account. As the majority of residents are in the home for short stay placements they receive a questionnaire on leaving the home. The questionnaire is returned to a nominated person in the Trust who informs the home of the outcome of any satisfaction survey. However, there were many thank you cards and compliments received directly by the home. Comments included:

- “As she walked into the building she was welcomed like an old friend.” – relative August 2019
- “When I picked my relative up I was delighted to see her happy, relaxed, confident and positive since her stay.” – relative August 2019
- “Thank you for your kindness to me; I don’t know how to say how much it meant to me.” – resident October 2019
- “Thank you for looking after our Mum; she was treated very kindly and with great respect and dignity by everyone.” – relative October 2019

We spoke to residents during the inspection and comments included:

- “It’s very good here; the girls would do anything for you.”
- “You’re not closed in here, I use the call bell if I need them (staff) and they come flying up the stairs to me.”
- “The meals are nice; I enjoy what I get, only like small portions.”
- “I’m very outspoken so if I say they’re (staff) good, they’re good.”
- “Staff are very pleasant.”
- “If I wasn’t happy I’d go to the staff.”
- “Staff would do anything for you.”
- “It’s brilliant (home), the care is very good.”
- “No problem going to the manager, I think her name is Tracey.”

We spoke to the relative of a resident. The relative was very positive regarding the care and attention by staff to their relative and commented:

- “The home is spotlessly clean and the girls are really helpful.”
- “I would give this place five stars.”
- “Staff couldn’t do enough for you.”

There were no questionnaires returned from residents, residents’ representatives or staff prior to the issuing of the report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The person in charge, Caroline McQuilkin, facilitated the inspection until the manager was available, and demonstrated a good understanding of The Residential Homes Regulations, care standards and the systems and process in place for the daily management of the home. A wide range of documentary evidence to inform the inspection's findings, including minutes of staff meetings, monitoring reports, audit records, work rotas, residents care records, staffing information and written policies and procedures were made available. Feedback and discussion took place at the conclusion of the inspection with the manager and areas of good practice and areas for improvement were identified.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their relatives were made aware of how to make a complaint by way of meetings, residents guide and the complaints procedure was displayed on notice boards in the home and trust information leaflets were also displayed. The review of records evidenced that complaints received had been fully investigated and resolved to the complainant's satisfaction.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, accidents and incidents (including falls, outbreaks), complaints and the environment were available. The need for a more robust governance system was identified as an area for improvement regarding for example, care records, fire safety and staff training. These areas have been discussed in the 6.3 and 6.4 of this report

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

The manager informed that a monthly monitoring visit was undertaken in accordance with Regulation 29. Records of the past three months were requested however; the reports of November and December 2019 were not readily available. The manager stated that the reports were electronic and had not been printed off the computer. The reports should be available in the home for residents and/or their representatives to read but also to evidence that any shortfall identified during the monthly quality monitoring visit had been action by the manager. This has been identified as an area for improvement.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders. Residents were aware of who the manager was and that management, in general, were very approachable. One resident commented;

- “No problem going to the manager, I think her name is Tracey.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the approach and attitude of staff, the accessibility of management and of maintaining good working relationships.

Areas for improvement

The following area was identified for improvement in relation to implementing robust governance systems in the home, and ensuring that the monthly quality monitoring reports are available in the home at all times.

	Regulations	Standards
Total number of areas for improvement	2	0

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 care 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.



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately</p>	<p>The registered person shall ensure that medication is dispensed and administered safely and ensure that medicine which is prescribed is administered to the resident for whom it is prescribed, and to no other resident.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a) and (b)</p> <p>Stated: First time</p> <p>To be completed by: 10 February 2020</p>	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 17</p> <p>Stated: First time</p> <p>To be completed by: 10 February 2020</p>	<p>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.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: Immediately</p>	<p>The registered person shall ensure that the monthly quality monitoring reports are available in the home and are available for residents' and/or other parties to read. The reports should evidence that where a shortfall had been identified the action taken to address the shortfall was detailed.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken:</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 29.1 Stated: First time To be completed by: Immediately	The registered person shall ensure that the current Risk Assessment and Fire Management Plan (recommendations) evidence the action taken to address any recommendation made. The plan should be signed and dated by the manager at the time of taking the necessary action. Ref: 6.3
	Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Standard 15 Stated: First time To be completed by: Immediately	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.
	Response by registered person detailing the actions taken:

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



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