



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Clonmore House, 1367
Date of Inspection: 10 March 2015
Inspector's Name: Patricia Galbraith
Inspection ID: IN017817

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General information

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| Name of Service: | Clonmore House |
| Address: | 22-28 Crossreagh Drive Rathcoole Newtownabbey BT37 9DY |
| Telephone number: | 028 90851153 |
| E mail address: | jeanette.mitchell@northerntrust.hscni.net |
| Registered Organisation/ Registered Provider: | Northern HSC Trust Dr Tony Stevens |
| Registered Manager: | Ms Jeanette Mitchell |
| Person in charge of the home at the time of inspection: | Mrs Tracey McCartney |
| Categories of care: | RC-I |
| Number of registered places: | 42 |
| Number of residents accommodated on Day of Inspection: | 27 |
| Scale of charges (per week): | Trust rates |
| Date and type of previous inspection: | 20 October 2014, primary announced inspection |
| Date and time of inspection: | 10 March 2015, 11.15 am - 3.15 pm |
| Name of Inspector: | Patricia Galbraith |

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

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

- Discussion with the Deputy Manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff, visitors
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

Any other information received by RQIA about this registered provider and/or the service delivery has also been considered by the inspector in preparing for this inspection.

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

STANDARD 9 - Health and social care

The health and social care needs of residents are fully addressed.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

| Guidance - Compliance statements | | |
|---|--|--|
| Compliance statement | Definition | Resulting Action in Inspection Report |
| 0 - Not applicable | | A reason must be clearly stated in the assessment contained within the inspection report |
| 1 - Unlikely to become compliant | | A reason must be clearly stated in the assessment contained within the inspection report |
| 2 - Not compliant | Compliance could not be demonstrated by the date of the inspection. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 3 - Moving towards compliance | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 4 - Substantially Compliant | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place. | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report |
| 5 - Compliant | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report. |

6.0 Profile of service

Clonmore House is a Statutory Residential Care Home; purpose built facility for people who are elderly and who have been assessed as requiring residential care.

Clonmore House is situated centrally within the Rathcoole area of Newtownabbey close to all local amenities and is within easy reach of medical, leisure, transport, health and church facilities.

The home is managed by the Northern Health and Social Care Trust and provides a limited day care service.

The current manager is Ms Jeanette Mitchell.

Accommodation for residents is provided in single rooms across two storeys. Access to the first floor is via a passenger lift and stairs.

Communal lounges are provided on both floors. The ground floor provides a dining area as well as catering and laundry services.

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 42 persons under the following categories of care: RC-I (old age).

Day care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of two residents.

Residential care

I Old age not falling into any other category

7.0 Summary of inspection

This secondary unannounced care inspection of Clonmore House was undertaken by Patricia Galbraith and Ruth Greer on 10 March 2015 between the hours of 11.15am-3.15pm Tracey McCartney Deputy Manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. There was evidence that the home had addressed all areas as required within the timescales specified.

The detail of the actions taken by manager Jeannette Mitchell can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard 9-The Health and social Care Needs of Residents are Fully Addressed. There were processes in place to ensure the effective management of the standard inspected.

During the inspection the inspectors met with residents, staff, and relatives discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. Observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complimented staff in this regard.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties. Comments received from residents, representatives, staff and visiting professionals are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard and carpet in main hall entrance had been replaced. The deputy manager stated the lounge carpet in upper floor is to be replaced.

A number of additional areas were also examined these included details can be found in section 10.0 of the main body of the report.

The inspector would like to thank the residents, relatives, deputy manager, registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 20 October 2014

| NO. | REGULATION REF. | REQUIREMENTS | ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|----------------------|--|---|--------------------------------------|
| 1. | 27 (4) (e) | <p>The registered person shall make arrangements for persons working in the home to receive suitable training, from a competent person, in fire prevention. (I.e. all staff have fire safety training at least twice per year.)</p> <p>(Standard 29.4)</p> | <p>Since the previous inspection staff have attended Fire Training.</p> | <p>Compliant</p> |
| 2. | 3 (1) (c) schedule 1 | <p>The registered person shall update the statement of purpose to include all of the required areas.</p> <p>(p78 of residential care home standards 2011 and RQIA guidance)</p> | <p>The statement of purpose has been reviewed and amended.</p> | <p>Compliant</p> |
| 3. | 27 (2) (d) | <p>The registered person shall ensure that the hall and downstairs carpet is replaced.</p> <p>(Standard 27.1)</p> | <p>The carpet has been replaced with new floor covering.</p> | <p>Compliant</p> |

| NO. | MINIMUM STANDARD REF. | RECOMMENDATIONS | ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|-----------------------|---|---|--------------------------------------|
| 1. | 11.13 | Ensure a copy of the written review report prepared by staff in Clonmore House is retained in residents' files. | In the files examined review reports were seen to be in place. | Compliant |
| 2. | 16.9 | Audit the record of annual refresher training completed by all staff in relation to the Protection of Vulnerable adults and provide training in accordance with RQIA guidance. | Staff training records are up to date. | Compliant |
| 3. | 10.1 & 10.2 | It is recommended that the policy/ procedure regarding challenging behaviour and restrictive interventions are updated to detail that RQIA must be notified on each occasion restraint is used. | This information was shared with Trust senior management. RQIA will be informed on any occasion when restraint is used in Home. | Compliant |
| 4. | 23.2, 10.1 & 10.5 | It is recommended that staff training records are reviewed to ensure that all staff have received training in challenging behaviour in accordance with RQIA guidance. | Staff training records are up to date. | Compliant |
| 5. | 6.2, 10.1 & 10.3 | It is recommended that where behaviour management guidelines are issued, these should also be detailed within the individuals care plan. | Files examined reflected the needs of individual resident's needs. | Compliant |
| 6. | 10.6 & 20.15 | It is recommended that one identified incident from February 2014 should be retrospectively notified to RQIA. | This has been sent to RQIA. | Compliant |

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| 7. | 10.7 | It is recommended that the statement of purpose is reviewed in light of RQIA guidance and detail types of restraint and restrictive practices as well as outline the process of assessment and review of these. | The statement of purpose has now been reviewed and amended. | Compliant |
| 8. | 13.9 | It is recommended that records of activities are expanded to include all residents who attend and that appropriate consents regarding photography and other forms of media. | Activities records now reflect the names of residents attending. | Compliant |
| 9. | 17.10 | It is recommended that the complainant's satisfaction with the outcome of the complaint investigation is sought and recorded. | Review of complaints records showed they are being handled appropriately. | Compliant |

9.0 Inspection findings

| STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed. | |
|--|-------------------------|
| Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process. | COMPLIANCE LEVEL |
| Inspection Findings: | |
| Details as listed above were held on all individual case files and on a matrix in the office for ease of reference for staff. There is an arrangement that temporary residents are registered with Dalriada Urgent Case service. | Compliant |
| Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents. | COMPLIANCE LEVEL |
| Inspection Findings: | |
| Care staff have access to resident's assessments and care plans. A written and verbal report is given at each staff handover. In discussion with the Cook he confirmed that dietary needs of residents are shared with him before any new residents are admitted. | Compliant |

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

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| Criterion Assessed: | COMPLIANCE LEVEL |
| 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records. | |
| Inspection Findings: | |
| Evidence in care notes showed that a template is in place which records all professional visits. Residents in the home for intermediate care, notes are held in resident's bedroom and are completed by visiting professionals as well as staff in home. This practice promotes resident's independence and also allows relatives to view their progress. | Compliant |
| Criterion Assessed: | COMPLIANCE LEVEL |
| 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required. | |
| Inspection Findings: | |
| Care notes showed when family had agreed to take their relative to hospital appointments. When staff accompany any resident to appointments, feedback is shared with family and recorded in progress Notes. Records in one file reviewed, clearly indicated that responsibility of next of kin had been amended. Full details of the change and agreement were recorded. | Compliant |

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

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| Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service. | COMPLIANCE LEVEL |
| Inspection Findings: | |
| A separate record is held in each file which highlights the number of visits recorded from other professionals. The content and outcome of these visits are shared with staff in the home to ensure consistency of care. | Compliant |
| Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident. | COMPLIANCE LEVEL |
| Inspection Findings: | |
| Dentures and spectacles are maintained as part of each individual's daily hygiene regime. The Deputy manager reported there is a weekly cleaning schedule for commodes wheelchairs and walking aids. The Trust has a contract in place with an outside company to maintain hoists and lift. | Compliant |

10.0 Additional Areas Examined

10.1 Resident's consultation

The inspector met with four residents individually and with 12 others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

"I am very happy here staff are very good to me"

"Staff work hard but always have time for you "

"Food is lovely"

10.2 Relatives/representative consultation

Two relatives who met with the inspectors indicated total satisfaction with the provision of care and life experienced by their relatives. No concerns were expressed or indicated.

Comments received included:

"My mother didn't want to come here but she is very happy and the staff are very good to her"

"My mother has not been here long but she has been made feel at home"

10.3 Staff consultation

The inspector spoke with one member of domestic staff, two care staff and the Cook. Staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents. The inspectors observed staff interacting with residents in a friendly respectful manner.

10.4 Visiting professionals' consultation

No professional visited the home.

10.5 Environment

The inspector viewed the home and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout.

Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be well maintained.

Advice was given to remove inappropriate furniture which was being stored in sluice room.

Quality Improvement Plan

Where the inspection resulted in no recommendations or requirements being made the provider/manger is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Patricia Galbraith
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



No requirements or recommendations resulted from the **secondary unannounced** inspection of **Clonmore House** which was undertaken on **10 March 2015** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

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| NAME OF REGISTERED MANAGER COMPLETING QIP | Jeanette Mitchell |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | Dr Tony Stevens Una Cuning |

| Approved by: | Date |
|---------------------|-------------|
| Patricia Galbraith | 27 May 2015 |