

Unannounced Care Inspection Report 18 August 2016



Clonmore House

Type of service: Residential Care Home

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

Tel No: 02890851153

Inspector: Patricia Galbraith

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Clonmore House took place on 18 August 2016 from 07.30 to 15.00.

The inspection sought to assess progress with any issues raised during and 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.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff , training, adult safeguarding, infection prevention and control, and the home's environment . Four requirements were made in regard to, weekly fire checks and fire drills had not been completed, all relevant information relating to one identified resident had not been obtained prior to admission and care records reviewed did not accurately reflect individual resident's needs.

Is care effective?

There were examples good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made.

Is the service well led?

There were two areas identified for improvement. These were in relation to complaints records not being available on day of inspection and competency and capability assessments to be carried out as there were omissions noted with the preadmission documentation for one resident. Two requirements were stated.

There were examples of good practice found throughout the inspection in relation to incidents, quality improvement and maintaining good working relationships.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	6	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jennifer Holland senior care on day of inspection and Tracey McCartney registered manager by telephone, 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.

1.2 Actions/enforcement taken following the most recent finance inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 26 November 2015.

2.0 Service details

Registered organisation/registered person: Northern Health and Social Care Trust	Registered manager: Tracey McCartney
Person in charge of the home at the time of inspection: Jennifer Holland Senior carer	Date manager registered: 1 April 2005
Categories of care: I - Old age not falling within any other category	Number of registered places: 42

3.0 Methods/processes

Prior to inspection the following records were reviewed: the previous inspection report and QIP and notifications of accidents/incidents received at RQIA.

During the inspection the inspector met with ten residents, six staff and the registered manager who was in the home on day of inspection for a short time.

The following records were examined during the inspection:

- Staff duty rota
- Staff training schedule/records
- four resident's care files
- Minutes of recent staff meetings

- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings / representatives' / other
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Safe guarding policy and procedure

A total of 25 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 November 2015.

The most recent inspection of the home was an announced finance inspection. The completed QIP was returned and approved by finance inspector. This QIP will be validated by the finance inspector at the next finance inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 8 October 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27-(4) (d) (v) Stated: First time To be completed by: 8 October 2015	The registered person must ensure weekly fire checks are completed.	Not Met
	Action taken as confirmed during the inspection: The Inspector reviewed fire records. Weekly fire checks had not all been completed. The requirement was stated for a second time in the QIP appended to this report.	

4.3 Is care safe?

The senior carer confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty :

- X1 senior carer
- X3 carers
- X1 laundry assistant
- X1 Cook
- X1 kitchen assistant
- X1 domestic

One senior carer and 2 carers were due on pm shift and one senior care and two carers were due to be on night duty.

The senior carer confirmed that there are plans in place to implement the new adult safeguarding procedures relating to the establishment of a safeguarding champion.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the senior carer, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The senior confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior carer identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of four care records identified that individual care needs assessments and risk assessments had not been obtained prior to admission. A requirement was made in this regard.

In the four care records reviewed, needs assessment and risk assessments did not accurately reflect the needs of the residents. A requirement was made in this regard.

The senior carer confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems, lap belts. Discussion with the senior carer regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-disciplinary team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

Staff training records confirmed that all staff had received training in IPC; in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The senior carer reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated. The registered manager who was present for a short time during the inspection reported there is a plan in place to redecorate the home.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible. On the day of inspection the grass had been getting cut.

The home had an up to date fire risk assessment in place and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills had not been completed. A requirement was made in this regard. Fire safety records identified that fire-fighting equipment, emergency lighting and means of escape were checked monthly and were regularly maintained. However weekly fire checks had not been completed. A requirement was restated in this regard. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

Four areas for improvement were identified, these were in relation to weekly fire checks not being completed. No records of fire drills being completed. Care plans and risk assessments did not accurately reflect resident's needs and pre admission records were not received for an identified resident.

Number of requirements:	4	Number of recommendations:	0
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4.4 Is care effective?

Discussion with the senior carer established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of four care records confirmed that these were not maintained in line with the legislation and standards. As stated in 4.3 requirements have been made in regard to risk assessments, care plans and preadmission documentation. The care records did reflect the multi-professional input into the residents' health and social care needs. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The senior carer confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Residents had met regularly with their keyworker to ensure they are satisfied with their care and able to request changes. Staff meetings are held regularly the last one had been held on 24 May 2016. The senior carer and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas for improvement

There were no areas identified for improvement in this area.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The senior carer confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Priests and ministers are welcome at any time. Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example, by the private manner in which they attended to residents' personal needs and in the manner in which staff addressed residents.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. On the day of inspection a resident was going out to have dinner with relatives.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Comments received from residents were as follows:

- “staff are great here I love being here”
- “staff are really good”
- “I couldn't complain about anything”

Areas for improvement

There were no areas identified for improvement

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The senior carer outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The complaints records were not available on the day of inspection. A requirement was made in this regard. However arrangements were in place to share information about complaints and compliments with staff.

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 monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed appropriately.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the senior carer and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The senior carer confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. Due to the omission of pre-admission documentation for identified resident, a requirement was made in regard to have competency and capability assessment completed for all relevant staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

There were two areas identified for improvement. These were in relation to complaints records not being available on day of inspection and competency and capability assessments to be carried out with all relevant staff as there was omissions were noted in of preadmission documentation for an identified resident. Two requirements were stated.

Number of requirements:	2	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jennifer Holland senior carer and Tracey McCartney registered manager by telephone, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 27- (4) (d) (v) Regulation</p> <p>Stated: Second time</p> <p>To be completed by: 18 August 2016</p>	<p>The registered person shall- ensure weekly fire checks are completed.</p> <hr/> <p>Response by registered provider detailing the actions taken: The day the weekly checks are done has been changed from Saturday to a Monday as the registered manager will be on duty .This was discussed at the next team meeting. Staff responsible for the weekly fire checks were given written confirmation of their roles and responsibilities regarding the fire procedures .</p>
<p>Requirement 2</p> <p>Ref: Regulation 27- (4)(f)</p> <p>Stated: First time</p> <p>To be completed by: 18 September 2016</p>	<p>The registered person shall –ensure fire drills and practices are undertaken at suitable intervals.</p> <hr/> <p>Response by registered provider detailing the actions taken: All staff are aware of their own responsibility of attending at least two fire drills per year to meet with the fire regulations and RQIA minimum standards.Clonmore has four in-house fire training sessions planed through out the year which are all on the training planner.The registered manager has contated the Trusts fire officer and has requested that the next fire training to be held on the 29/9/16 needs to include a fire drill.This was recorded in the fire register</p>
<p>Requirement 3</p> <p>Ref: Regulation 19.- (2)-(b)</p> <p>Stated: First time</p> <p>To be completed by: 18August 2016</p>	<p>The registered person shall- ensure all relevant documentation is made available for inspection. This was in relation to complaints records which were not available on day of inspection.</p> <hr/> <p>Response by registered provider detailing the actions taken: The staff responsible for dealing with complaints have been advised to use the Trust leaflet called "making a complaint about your care" and therefore due the incresed use and awarness of the Trust leaflets the complaints book has not been used as much. The complaints book was located in an adjacent office. The senior care officer on duty the day of the inspection was not aware of the book's location. This issue was discussed at the senior team meeting to ensure all staff responsible were kept up to date .</p>
<p>Requirement 4</p> <p>Ref: Regulation 20.-(3)</p> <p>Stated: First time</p> <p>To be completed by: 25 August 2016</p>	<p>The registered person shall – ensure that competency and capability assessments are completed with all staff left in charge of the home in the managers absence.</p> <hr/> <p>Response by registered provider detailing the actions taken: The registered manager and Area Manager met with the senior care staff prior to commencement of her next shift.The registered manager assessed the SCA's use of the computer which she has used on numerour occasions before and was able to confirm that the senior staff member was competent in the use of the computer relevent to her post</p>

	and fully understands her responsibilities in respect of records and record keeping.
Requirement 5 Ref: regulation 16.-(b) Stated: First time To be completed by: 1September 2016	The registered person shall –ensure care records are kept under review and accurately reflect resident’s needs. Response by registered provider detailing the actions taken: All care records are continually under review.The manager met with all senior staff responsible and reinforced this Requirement & highlighted the importance of initial assessments details that have been obtained at the time of referral are revised as soon as possible. All care records were reviewed to meet this requirement
Requirement 6 Ref: Regulation 15.-(1) (b) Stated: First time To be completed by: 19 August 2016	The registered person shall – ensure a copy of assessment is obtained prior to admission. Response by registered provider detailing the actions taken: This requirement was discussed with all senior staff who are the responsible person in charge in the absence of the manager.They have been instructed that no admission to Clonmore House was to be agreed or facilitated until all the relevant assessments have been received, and agreement with the referer that the residents needs can be met within residential setting. The absence of some paperwork from the referrer has been recorded on the Governance incident forms.

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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