



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Clonmore House, 1367
Date of Inspection: 20 October 2014
Inspectors' Name: Lorna Conn
Inspection No: 17804

The Regulation And Quality Improvement Authority
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1.0 General information

Name of home:	Clonmore House
Address:	22-28 Crossreagh Drive Rathcoole Newtownabbey BT37 9DY
Telephone number:	0289085 1153
Email 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:	Ms Tracey McCartney
Categories of care:	RC-I
Number of registered places:	42
Number of residents accommodated on day of Inspection:	28
Scale of charges (per week):	Trust rates
Date and type of previous inspection:	20 February 2014, primary unannounced inspection
Date and time of inspection:	20 October 2014, 10:00am - 5:00pm
Name of Inspectors:	Lorna Conn Laura O'Hanlon

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 a primary announced 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 inspection was to ensure that the service was 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

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspectors.

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

- Analysis of pre-inspection information
- Discussions with deputy manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspectors spoke to the following:

Residents	14
Staff	4
Relatives	1
Visiting Professionals	1

Questionnaires were provided, during the inspection to staff to seek their views regarding the service. Feedback was given to the deputy manager regarding these and how some staff had requested additional training in dementia.

Issued To	Number issued	Number returned
Staff	25	5

6.0 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 Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

The registered provider and the inspectors have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service'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

7.0 Profile of service

Clonmore House is a Statutory Residential Care Home, purpose built for people who are elderly and who have been assessed as requiring residential care. Clonmore House is situated centrally in a large Housing Executive Estate 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 single rooms across two storeys. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided throughout and the home also provides for catering and laundry services on the ground floor. 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.

8.0 Summary of Inspection

This primary announced care inspection of Clonmore House was undertaken by Lorna Conn and Laura O'Hanlon on 20 October 2014 between the hours of 10:00am and 5:00pm. Ms Tracey McCartney was available during the inspection and for verbal feedback at the conclusion of the inspection. Mrs Lorraine Gibson, area manager for the home, also met with the inspectors at the commencement of the inspection. Discussions also took place post inspection with the registered manager.

The four recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that one recommendation was met; one was moving towards compliance and two were not complaint. One recommendation regarding the replacement of carpet had been stated twice already and has now been made subject of a requirement. The other two recommendations regarding care review reports and annual training in vulnerable adults have been re-stated on a second occasion. If this requirement has not been addressed within the timescales specified, RQIA will consider further regulatory action as outlined in the enforcement policies and procedures) The detail of the actions taken by the registered provider and manager can be viewed in the section following this summary.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided in the self-assessment were not altered in any way by RQIA.

During the inspection the inspectors met with residents, staff, relatives, visiting professionals discussed the day to day arrangements in relation to the running of the home and the standard of care provided to residents, observed care practice, reviewed staff questionnaires, examined

a selection of records and carried out a general inspection of the residential care home environment.

Inspection findings

Standard 10 - Responding to Residents' Behaviour

The inspectors reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. However, it should be reviewed to include notification to RQIA and the statement of purpose should be updated 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. Through the inspectors' observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. However, it is recommended that where guidelines are issued, these should also be detailed within the individuals care plan. Staff who met with the inspectors demonstrated that they had knowledge and understanding of individual residents assessed needs. Most staff also confirmed that they have received training in behaviours which challenge. Records and training should be reviewed to ensure that all staff have received training in challenging behaviour. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The deputy manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Clonmore House was Substantially Compliant with this standard.

Standard 13 - Programme of Activities and Events

The inspectors reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a local procedure relating to the provision of activities. Through the inspectors' observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. However, it is recommended that these records are expanded and maintained to fully document all attendances at activities. The evidence gathered through the inspection process concluded that Clonmore House is compliant with this standard.

Resident, representatives, staff and visiting professional's consultation

During the course of the inspection the inspectors met with residents, representatives, staff and visiting professionals. Questionnaires were also completed in advance by staff.

In discussions 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 complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were 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 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspectors presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard with the exception of some of the carpet which was in need of replacement and this was being progressed at the time of the inspection. An urgent findings letter was issued on the day of the inspection as this recommendation had not been met and had been stated twice previously. There was a delay in this being actioned by the Trust and this has been made subject of a requirement.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

Three requirements and seven recommendations were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspectors would like to thank the residents, relatives, the visiting professionals, registered manager and staff for their assistance and co-operation throughout the inspection process.

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

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspectors' Validation Of Compliance
1.	Standard 27.1 Restated from the previous inspection visit.	The hall and downstairs carpet should be replaced.	An urgent findings letter was issued on the day of the inspection as this recommendation had not been met and had been stated twice previously. There was a further delay in this being actioned by the Trust and this has been made subject of a requirement.	Not compliant
2.	11.13	Ensure a copy of the written review report prepared by staff in Clonmore House is retained in residents' files.	Three files were selected at random and none contained the written review reports prepared by staff. Minutes were noted to be in place but these were only signed by care manager. This has been stated on a second occasion.	Not compliant
3.	16.9	Audit the record of annual refresher training completed by all staff in relation to the Protection of Vulnerable adults and retain a matrix of this refresher training.	A training matrix was noted to be in place. However, upon review of this, it indicated that annual refresher training in vulnerable adults had not been provided and the matrix was not up to date. This has been stated on a second occasion.	Moving towards compliance
4.	19.6	Consider how residents, or where appropriate their representatives, could be involved in the recruitment process, where possible.	Records reviewed indicated that efforts had been made to involve residents in previous recruitment exercises.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
All residents have individual care plans and risk assessments in place which identify their daily assessed needs. Permanent residents have completed a getting to know you form which was completed with staff and family where possible this outlines their usual conduct and behaviours.	Compliant
Inspection Findings:	
<p>The home had a policy on the use of restrictive interventions dated June 2013 and a procedure on managing behaviour in place. A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It is recommended that these are updated to detail that RQIA must be notified on each occasion restraint is used.</p> <p>A review of staff training records identified that most care staff had received training in behaviours which challenge entitled Respect on 23 & 24 July 2013 which included a human rights approach. It is recommended that this is reviewed to ensure that all staff had received training in accordance with RQIA guidance.</p> <p>A review of four residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and while guidelines were available to staff regarding how included how they should respond to assessed needs; these should also be detailed within the individuals care plan. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspectors demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	Moving towards compliance

A review of the returned staff questionnaires identified that staff had received training in this area.	
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Criterion Assessed:	COMPLIANCE LEVEL
10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	
Provider's Self-Assessment	
When a resident's behaviour is uncharacteristic and causes concern then this would be reported to the Senior Care Assistant or the Assistant Manager or Manager, the situation would be monitored and then if necessary other professionals would be contacted and their professional opinion sought. Family/ next of kin would also be informed of the uncharacteristic behaviours.	Compliant
Inspection Findings:	
<p>The home had a policy on the use of restrictive interventions dated June 2013 and a procedure on managing behaviour in place which included:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust, and relatives. . Agreed and recorded response(s) to be made by staff. <p>It is recommended that these are updated to detail that RQIA must be notified on each occasion restraint is used</p> <p>Staff who met with the inspectors demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Four care records were reviewed and identified that they contained the relevant information regarding the residents identified characteristic behaviour.</p>	Substantially compliant

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Care plans are tools which which outlines a direct and consistant approach from staff when interacting with individuals. these are reviewed regulary and to ensure that they are effective. With the residents consent, relatives of next of kins are involved in the care planing and the review process and will be informed when specific approaches or responses are required.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of four care records plans identified that when a resident needed a consistent approach or response from staff, this was detailed in guidelines. However, while guidelines were available to staff regarding how they should respond to assessed needs; these approaches should also be detailed within the individuals care plan.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Substantially compliant
<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>If a resident has a specific behaviour management programme this would be implemented by the Behavioural Science Team or an appropriately qualified professional. The resident's care plan would be updated to reflect the programme and the approaches required.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The registered manager informed the inspectors that there were currently no residents who had a specific behaviour management programme in place. However, guidelines were in place but should be also be detailed within the individuals care plan. Regular review of these should occur and appropriate referrals made as necessary to the Behavioural Science team.</p>	Substantially compliant

Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment If a behavioural management programme is in place then staff would receive the appropriate training and support.	Not applicable
Inspection Findings: A review of staff training records evidenced that staff had received training in: <ul style="list-style-type: none"> . Respect on 23 and 24 July 2013 but the records did not verify that all staff had attended. It is recommended that this is reviewed to ensure that all staff had received training in accordance with RQIA guidance Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision and staff meetings.	Moving towards compliance

Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Named workers are kept up-to-date with all incidents that involve a resident. An incident report form is completed and forwarded to line manager and the Trusts Governance department. A multi-disciplinary review would be arranged if required	Compliant
Inspection Findings:	
<p>A review of a sample of the accident and incident records from February 2014 to the date of the inspections and discussions with staff identified that generally no incidents had occurred outside of the scope of a resident's care plan. However, one identified incident from February 2014 which was unusual should be retrospectively notified to RQIA.</p> <p>A review of four care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p>	Substantially compliant

<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Restraints is not used with in Clonmore House</p>	Not applicable
<p>Inspection Findings:</p>	
<p>Discussions with staff, staff training records and an examination of care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.</p> <p>Residents confirmed during discussions and perusal of the care records confirmed that residents were involved in decisions that affected their care and they had given their consent to or refused equipment such as bedrails.</p> <p>A review of the home's Statement of Purpose indicated that it was in need of review as it did not include all of the recommended areas detailed within RQIA guidance and did not describe the types of restraint and restrictive practices might could be used in the home or outline the process of assessment and review required. 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.</p>	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTORS'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider's Self-Assessment	
Part of the residents care plan focuses on activities, it looks at interests and hobbies. This information forms the basis of our activity programme.	Compliant
Inspection Findings:	
<p>The home had evidence of a local procedure dated April 2005 on the provision of activities. A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. The home has recently introduced a more detailed format for 'Getting to know you' which allowed for more detail to be explored around hobbies and interests. This practice should continue.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>The Statement of Purpose provided information pertaining to activity provision within the home.</p>	Compliant

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment Through discussions with residents on a one-to-one basis and through residents meetings, we have drawn up an activity programme with aims to meet their needs. Spiritual needs are also considered and included. Clonmore has been able to maintain good community links and works closely with the Senior Citizen's forum</p>	<p>Compliant</p>
<p>Inspection Findings: Examination of the programme of activities identified that social activities are organised on a daily basis each week. Examples of such activities included Boccia tournament, trips to local garden centre, quizzes, board games, church services and reminiscence activities. The programme included activities which were age and culturally appropriate and reflected residents’ needs and preferences. The programme took into account residents’ spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	<p>Compliant</p>

<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment all individuals were consulted about the activity programme.</p>	Compliant
<p>Inspection Findings: A review of the record of activities provided and discussions with residents, including one resident who generally stayed in her room, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of residents meetings. An example which was noted was a resident had expressed an interest in attending a local working man's group and this was facilitated by staff. Ideas had already been requested from residents regarding activities during the forthcoming festive period.</p>	Compliant
<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment The activity programme is displayed in large print in various locations within the home. Any special events or outings are also suitably displayed in a timely manner .</p>	Compliant
<p>Inspection Findings: On the day of the inspection the programme of activities was on display in the main entrance area. This location was considered appropriate as the area was easily accessible to residents and their representatives. Individual residents also had a copy of this on display in their bedrooms. Discussions with residents confirmed that they were aware of what activities were planned. The programme of activities was presented in an appropriate format to meet the residents' needs. The programme was detailed in terms of activities which were available in afternoon and after tea on a daily basis.</p>	Compliant

<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment Most of our activities are lead by the Home Staff who know the resident's and understand any requirments. If any equipment is required then this would be provided. If a special event is taking place then one or two staff would be avialble to monitor/supervise and assist where required.</p>	Compliant
<p>Inspection Findings: Activities are provided twice per day over six days of the week by designated care staff. The care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment was located in an activity room and contained resources as crafts, jigsaws, karaoke and a piano. Care staff also confirmed that sourcing additional "equipment for activities is not a problem".</p>	Compliant
<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment The activity programme takes into account the individuals' needs and abilities.</p>	Compliant
<p>Inspection Findings: The care staff; deputy manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. On the day of inspection four residents were observed participating in reminiscence therapy with trigger cards. As a result of the trigger cards one of the residents started to sing and all eight of the residents in the room participated. Praise and encouragement was demonstrated by care staff at this session. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant

<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
Any activity purchased into the home is monitored by staff to ensure that it is appropriate and is delivered suitably.	Compliant
Inspection Findings:	
<p>The deputy manager confirmed that one person was engaged to provide music. She confirmed that she had obtained evidence from the person that they had the necessary skills and knowledge to deliver the activity.</p> <p>The deputy manager also confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.</p>	Compliant
<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff in Clomore would be present during contracted in activities and would therefore be able to inform them about any changing need and provide feedback.	Compliant
Inspection Findings:	
The deputy manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.	Compliant

<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>A record of each activity that takes place is kept and of the lead person and the residents who participated.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. Some gaps were noted in terms of fully documenting attendances at activities.</p> <p>It is recommended that these records are maintained and expanded and that appropriate consents regarding photography and other forms of media.</p>	Moving towards compliance
<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Activities are a standard item discussed at residents meetings and therefore are reviewed regularly to ensure they meet changing needs.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of the programme of activities identified that it had been reviewed on 8 September 2014 at the last residents' meeting. Residents meetings are facilitated quarterly and records reflected the inclusion of activities and the review of activities to ensure their suitability to the needs of residents.</p> <p>The deputy manager and care staff confirmed that planned activities were also changed at any time at the request of residents. A care assistant stated that residents had "flexibility in terms of choices for activities".</p> <p>Residents who spoke with the inspectors confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTORS'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspectors met with 14 residents individually and with 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 indicated/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:

"Wonderful place".

"Very happy here".

"Staff are ideal".

"Everybody is kind".

"Food is good".

"A great wee place".

"It's marvellous. You couldn't inspect a better place. The staff are very attentive and the food is fine with a choice offered".

11.2 Relatives/representative consultation

One relative who met with the inspectors indicated satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

"They couldn't do enough for her. She's very happy here and they keep a close eye on her".

11.3 Staff consultation/Questionnaires

The inspectors spoke with four staff of different grades and five staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that most staff were provided with a variety of relevant training including mandatory training but gaps were noted with respect to fire safety and challenging behaviour. A requirement and a recommendation were made with respect to these issues.

Comments received included:

"There's very good team work and we try to give residents their choice. We are well supported and the training we had in July 2013 was very useful. There's plenty of equipment for activities".

"A great group of girls who are the salt of the earth. They go over and above. Sometimes morale is low due to threat of closure. A very high standard of care. A wee bit more training around dementia would be good".

"The care is of a high standard and we have a very supportive and approachable manager. We have very regular supervisions and team meetings. I'm quite happy here".

11.4 Visiting professionals' consultation

One professional visited the home during the inspection. She expressed high levels of satisfaction with the quality of care, facilities and services provided in the home.

Comments received included:

"There's very good communication. Staff are very aware of residents needs and I've heard very positive comments about the food. I have had no major problems but small things are addressed very quickly. I have been pleasantly surprised".

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that one complaint has been investigated in a timely manner. However, the complainant's satisfaction with the outcome of the investigation should be sought and recorded.

The deputy manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The inspectors viewed the home accompanied by the deputy manager and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspectors presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised to differing degrees. Décor and furnishings were found to be of a good standard with the exception of some of the carpet which was in need of replacement and this was being progressed at the time of the inspection. An urgent findings letter was issued on the day of the inspection as this recommendation had not been met and had been stated twice previously. There was a delay in this being actioned by the Trust and this has been made subject of a requirement.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspectors for review and follow-up with the home if necessary.

The inspectors examined the home's most recent fire safety risk assessment dated 4 July 2014. The deputy manager advised that no recommendations were made as a result of this assessment.

A review of the fire safety records evidenced that fire training, had been provided to staff in February; May and September 2014. Five staff had not received training since February 2014 and this must be addressed to ensure that all staff have fire safety training at least twice per year. The records also identified that an evacuation had been undertaken on 27/5/14 & 9/9/14 and that different fire alarms were tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed. A requirement was made with respect to fire safety training.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by the deputy manager who confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

11.12 Statement of Purpose

The current statement of purpose was reviewed and it is recommended that that the statement of purpose is reviewed in light of RQIA guidance; details types of restraint and restrictive practices; outlines the process of assessment and review of same and an issue date is added.

11.13 Resident Dependency Levels

Prior to the inspection; a return was submitted to RQIA detailing dependency levels. This indicated that three residents had high levels of dependency. This was reviewed on the day of the inspection and discussed with staff. All current residents were found to be within the range of dependency for residential care.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Tracey McCartney, as part of the inspection process. Ms Jeanette Mitchell was consulted post inspection.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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:

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



Quality Improvement Plan

Primary Announced Care Inspection

Clonmore House

20 October 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Tracey McCartney during the inspection visit and Ms Jeanette Mitchell after the inspection.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 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.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
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>	One	<p>Clonmore House has four training sessions per year arranged to enable all staff working rotational night shifts to have access to the training to meet the standard 29.4 - Fire training to be repeated at least twice per year. Clonmore's last training for 2014 was the 6th December. Any staff needing their second training session attended on this date.</p>	By 20 December 2014.
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>	One	<p>The statement of purpose has been up-dated to include this information.</p>	By 20 December 2014.
3.	27 (2) (d)	<p>The registered person shall ensure that the hall and downstairs carpet is replaced.</p> <p>(Standard 27.1)</p>	One	<p>Funding has been secured for the replacement of the hall and down stairs carpet. New floor covering has been chosen and this work will take place in January 2015.</p>	By 31 March 2015.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	11.13	Ensure a copy of the written review report prepared by staff in Clonmore House is retained in residents' files.	Two	This has been discussed with all senior staff at team meetings to ensure a copy of the review notes is retained in the clients files.	With immediate effect from the date of the inspection.
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.	Two	Audit tool completed and further training has been sought.	By 20 January 2015.
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.	One	This has been addressed with senior line management. The requirement to notify RQIA will be noted.	By 20 December 2014.
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.	One	This training has been sought. One member of staff has been identified to do the five day Respect training course. This will enable this staff member to have the skills and knowledge to train other staff. In addition Respect Training is to be planned for the Unit.	By 20 December 2014.

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.	One	The care plans have been updated to include any management guidelines with individuals.	By 20 November 2014.
6.	10.6 & 20.15	It is recommended that one identified incident from February 2014 should be retrospectively notified to RQIA.	One	This incident has been retrospectively notified to RQIA.	With immediate effect from the date of the inspection.
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.	One	No restrictive practices are currently being used in Clonmore House. The statement of purpose has been up-dated to include this information. Respect Training will be provided for staff.	By 20 November 2014.
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.	One	This has been adressed and discussed at team and clients meetings.	With immediate effect from the date of the inspection.
9.	17.10	It is recommended that the complainant's satisfaction with the outcome of the complaint investigation is sought and recorded.	One	This has also been addressed and discussed at team meetings for all staff involved with dealing with complaints.	With immediate effect from the date of the inspection.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Tracey McCartney
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Dr Tony Stevens Una Cuning

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Alice McTavish	9 January 2015
Further information requested from provider			