Unannounced Care Inspection Report
27 October 2018

Clonmore House

Type of Service: Residential Care Home
Address: 22-28 Crossreagh Drive, Rathcoole, Newtownabbey, BT37 9DY
Tel No: 028 9085 1153
Inspector: Patricia Galbraith

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 42 persons who are older in age. The home is also registered to provide care for two persons on a day service basis.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust **Responsible Individual:** Dr Anthony Stevens	**Registered Manager:** Tracey McCartney
Person in charge at the time of inspection: Jennifer Holland, Senior Carer in charge. Tracey McCartney, Manager joined the inspection from 12 noon.	**Date manager registered:** Acting – No application required
Categories of care: Residential Care (RC) I - Old age not falling within any other category	**Number of registered places:** 42 – RC- I 2 places for day service

4.0 Inspection summary

An unannounced care inspection took place on 27 October 2018 from 08.15 to 14.30.

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

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

Evidence of good practice was found in relation to supervision and appraisal, adult safeguarding and risk management.

Areas requiring improvement were identified during the inspection relating to storage of laundry products and staff attendance at annual fire drills.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Tracey McCartney, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 28 March 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager/person in charge, 20 residents, four staff, two visiting professionals and two residents' visitors/representatives.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Two staff files
- Three residents' care files
- Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, accidents and incidents (including falls, outbreaks), complaints, environment, Infection Prevention and Control (IPC), NISCC registration
- Infection control register/associated records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings/ representatives' meetings/ other
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 March 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 28 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 30.-1(d) **Stated:** First time	The registered person shall ensure that all reportable notifications are sent to the Regulation and Improvement Authority without delay. Ref: 6.7	**Met**
	Action taken as confirmed during the inspection: Reportable notifications were reviewed and had been sent to RQIA.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 **Ref**: Standard E13 **Stated:** Second time	The registered person shall ensure repairs/replacement is undertaken of the bathrooms and bedroom wash hand basins identified at this inspection. Ref: 6.4	**Met**
	Action taken as confirmed during the inspection: The registered manager advised a schedule had been completed to carry out work.	
Area for improvement 2 **Ref**: Standard 29.4 **Stated:** First time	The registered person shall ensure all staff receives fire training at least twice a year. Ref: 6.4	**Met**
	Action taken as confirmed during the inspection: From evidence reviewed we were assured that staff had received fire training twice a year.	
Area for improvement 3 **Ref**: Standard 6.6 **Stated:** First time	The registered person shall ensure all residents care plans are kept up to date to reflect the residents current care needs. Ref: 6.5	**Met**
	Action taken as confirmed during the inspection: Care plans reviewed had been kept up to date to reflect the residents current care needs.	
Area for improvement 4 **Ref**: Standard 8.2 **Stated:** First time	The registered person shall ensure that there is an entry at least weekly for each resident. Ref: 6.5	**Met**
	Action taken as confirmed during the inspection: Daily records reviewed had an entry at least weekly for each resident.	

Area for improvement 5 **Ref**: Standard 21.5 **Stated:** First time **To be completed by:** 30 June 2018	The registered person shall ensure policy and procedures are subject to a systematic three yearly review. Ref: 6.7	**Met**
	Action taken as confirmed during the inspection: A sample of policy and procedures reviewed had been updated.	

6.3 Inspection findings

6.4 Is care safe?

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

The manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were used in the home. The manager stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

During discussions with staff, concerns were raised regarding staffing levels when admissions had occurred out of hours. The manager was advised to review scheduled admission times and the staffing levels to ensure there are sufficient staff on duty to oversee admissions. The manager advised she would review this process. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

A register of staff working in the home was available and contained all information as outlined within the legislation.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC). The manager reported she regularly checks NISCC register and has kept an up to date record.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. 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 manager, 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 manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that resident care needs and risk assessments were obtained prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The manager advised there were restrictive practices within the home, notably the use of locked doors and lap belts. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken in relation to hand hygiene and action plans developed to address any deficits noted.

The manager reported that any outbreaks of infection within the last year had been managed in accordance with the trusts' policy and procedures. The outbreak had been reported to the Public Health Agency and RQIA with appropriate records retained.

Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. A number of bedrooms had been refurbished and an on-going plan to refurbish all bedrooms had been put in place. The manager also reported that a requisition had been placed requesting a number of new beds, and televisions for 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. During inspection of the laundry a number of laundry products had been stored on the floor. The manager was advised they needed to be removed and stored appropriately. This was identified as an area for improvement in this domain.

The manager was given an estates check list to be completed and returned to RQIA.

The homes most recent fire risk assessment was dated 10 October 2017 and the manager confirmed this was due to be completed on 5 November 2018. This will be reviewed at the next care inspection.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. There was no system of managerial oversight, to evidence that all staff attended a practice fire drill at least annually. This was identified as an area of improvement in this domain.

Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents spoken with during the inspection made the following comments:

- "Staff are always about."
- "It's a lovely place staff are very attentive but kept awfully busy."
- "Staff are very helpful and let me be independent as far as possible."
- "Staffs' attention to detail needs to be acknowledged."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

Two areas for improvement were identified during the inspection in this domain relating to storage of laundry products and staff attendance at annual fire drills.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

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

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with General Data Protection Regulation (GDPR). A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition and falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, one resident did not like a particular meat and this had been documented and information had been passed on to the cook.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Residents were served breakfast in the dining room or in their bedroom. The dining room was warm well ventilated and there was sufficient room for residents' to enjoy their meal. The tables had been set and appropriate condiments were in place. Residents reported the food they had received was always served warm, it was home cooked and portion size was always suffice to meet individual needs. Residents reported they could always get second helpings. Staff were in attendance throughout breakfast and they were observed attending to residents promptly. Drinks and snacks were readily available for residents throughout the day.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and

recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner. Resident's wound pain was found to be managed appropriately.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints and environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The manager advised 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. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection.

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

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, latest RQIA inspection reports, resident meeting minutes were on display or available on request for residents, their representatives any other interested parties to read.

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.

The manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Residents, and a visiting professional spoken with during the inspection made the following comments:

- "Care here is so good and everyone has time for you even Physios and Nurses who come into the home."(resident)
- "Staff and care are great always someone about to help and they explain everything."(resident)
- "Staff are very good and communicate well about residents care." (visiting professional)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

A range of policies and procedures was in place which supported the delivery of compassionate care.

The manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The manager, residents and/or their representatives advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected. For example, Staff were observed in the office sharing information about a resident with a district nurse; they had ensured that the office door was closed.

Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain.

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. Care plans, and menus for example, were written in a pictorial format.

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 listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read.

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. For example, residents reported they like to take part in crafts and

music activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, a resident had gone out shopping with their family.

Residents and staff spoken with during the inspection made the following comments:

- "Lovely people all wanting to help me, I am overwhelmed how much they care."(resident)
- "Good food, good care and very helpful people who really care. I have no worries."(resident)
- "I am here a week staff have been fantastic, it's a great place home from home."(resident)
- "Staff are so helpful." (resident)
- "Residents are always treated well with respect and dignity."(staff)
- "We always try and ensure residents get what they need."(staff)
- "Staff all work together to help make residents stay easier."(staff)

Areas of good practice

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.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

There was evidence of managerial staff being provided with additional training in governance and leadership. The manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Staff had attended training in swallow awareness.

A visit by the registered provider 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, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The manager stated that the registered provider was kept informed regarding the day to day running of the home through telephone calls and emails.

The manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

The home did collect equality data on residents. The manager was advised to contact the Equality Commission for Northern Ireland if they required any further information.

Residents and staff spoken with during the inspection made the following comments:

- "Manager takes time to talk to me."(resident)
- "The staff are always about and always available to help."(resident)
- "We work well as a team."(staff)
- "All my training is up to date. We work hard to ensure residents get what they need and we communicate with the manager who is approachable.(staff)

Areas of good practice

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

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tracey McCartney, Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure

that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 **Ref**: Standard 28.1 **Stated:** First time **To be completed by:** 18 December 2018	The registered person shall ensure the laundry products are removed from the floor and stored appropriately. Ref: 6.4
	Response by registered person detailing the actions taken: The laundry products have been removed and stored in a locked cupboard
Area for improvement 2 **Ref**: Standard 29.6 **Stated:** First time **To be completed by:** 30 December 2018	The registered person shall ensure that a suitable system is put in place to provide managerial oversight of staff attendance at a practice fire drill at least annually with records retained. Ref: 6.4
	Response by registered person detailing the actions taken: A new form has been put in place which records a managerial oversight of all fire training and fire drills

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

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