

# Unannounced Care Inspection Report 28 March 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**

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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 with 42 places that provides care and support for residents living with the categories of care cited in section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual:</b> Dr Anthony Stevens	<b>Registered Manager:</b> Tracey McCartney
<b>Person in charge at the time of inspection:</b> Tracey McCartney	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category	<b>Number of registered places:</b> 42 RC - I

### 4.0 Inspection summary

An unannounced care inspection took place on 28 March 2018 from 10.30 to 15.10. 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, infection prevention and control and risk management.

Areas requiring improvement were identified in relation to the internal environment, fire training, care records, daily records and notifications.

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
<b>Total number of areas for improvement</b>	1	5

Details of the Quality Improvement Plan (QIP) were discussed with Tracey McCartney, Registered 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 17 August 2017.

## 5.0 How we inspect

Prior to inspection we analysed 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 18 residents, five staff and two representatives.

A total of 10 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.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings/representatives' / other
- Evaluation report from annual resident quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as not met.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 17 August 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 17 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard E13 <b>Stated:</b> First time <b>To be completed by:</b> 30 October 2017	The registered person shall ensure repairs/replacement is undertaken of the bathrooms and bedroom wash hand basins identified at this inspection.  Ref: 6.4	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The repairs/replacement had not been undertaken of the bathrooms and bedroom wash hand basins identified. This is stated for a second time in the Quality Improvement Plan appended to this report.	

## 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 registered manager advised of 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.

A review of the duty roster showed that it accurately reflected the staff working within the home.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager and staff advised 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; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to satisfactory.

Discussion with the registered manager confirmed that no staff have been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the operational procedures 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 showed that mandatory adult safeguarding training was provided for all staff.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of the policy and procedure on restrictive practice/behaviours which challenge dated March 2016 showed that this 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 registered manager stated there were restrictive practices employed within the home notably lap belts and bed rails. Discussion with the registered manager 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 showed there was a system of referral to the multi-professional 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.

The registered manager advised there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly.

The registered manager stated that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure dated June 2017 confirmed that this was in line with regional guidelines. Staff training records showed 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. It was noted on the last inspection that in several bathrooms there were wide gaps in the joins of floor coverings and areas of chipped paint on the walls. Wash basins in several bedrooms were noted to have scoured surfaces and staff had reported that the basins could not be thoroughly cleaned. These issues had not been addressed and have been stated for a second time in the quality improvement plan for action. 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.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the trust's policy and procedures, reported to the Public Health Agency 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 main lounge on the first floor, had been refurbished and had new flooring in place. The home had also obtained two new hoists and a Steady fast apparatus.

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.

The home had an up to date fire risk assessment in place dated 10 October 2017 and all recommendations were noted to be addressed.

Review of staff training records showed that not all staff had not completed fire safety training twice annually. This was identified as an area of improvement. Fire drills were completed every six months. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Comments received from resident and relative were as follows:

- "I feel safe here as I had a lot of falls at home and no one to help me" (resident)
- "I am so glad my relative is here now as she is safe and I do not have to worry about her"

## Areas of good practice

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

## Areas for improvement

Areas for improvement were the in relation to the internal environment and fire training.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records showed that these had not been maintained in line with the legislation and standards. The care records did not accurately reflect residents' care needs. This was identified as an area of improvement. The daily/regular statement of health and well-being of the residents' had not been up dated to record on-going changes. This was identified as an area of improvement.

The care records reflected the multi-professional input into the residents' health and social care needs but they had not been updated regularly to reflect the changing needs of the individual residents. As stated in the paragraph above this has been identified as an area of improvement.

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 registered manager stated 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, environment, catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The registered manager reported 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. The registered manager and staff stated 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. Minutes of resident meetings were reviewed during the inspection.



A review of care records, along with accident and incident reports, showed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager stated that arrangements were in place, in line with the legislation, to support and advocate for residents.

**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 key stakeholders.

**Areas for improvement**

Two areas for improvement were identified during the inspection in relation to residents care needs and daily/regular statements of well-being.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**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.**

The registered manager stated 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.

A range of policies and procedures was in place which supported the delivery of compassionate care. 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. Discussion with residents, their representatives and staff confirmed that 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 and a care plan was in place for 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.

The registered manager, residents and their representatives stated that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected. For example, staff shared information in regard to residents in a discreet manner in the office.

The registered manager and staff stated that residents were listened to, valued and communicated with in an appropriate manner. Residents and their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

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.

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. For example, through residents’ meetings and residents’ stated that they were able to choose on a daily basis what they wanted to do.

Discussion with staff, residents, and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. These included crafts, quizzes, music and singing. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, local schools had attended the home for carol services over the festive season.

Comments received from residents included:

- “I love living here”
- “The food is great and I have everything I need”
- “I am very comfortable here and always get what I need”
- “The staff are all so good”

**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 during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 registered manager outlined the management arrangements and governance systems in place within the home. 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. 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 their representatives were made aware of how to make a complaint by way of Poster/leaflet etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

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 and to enhance service provision.

A review of accidents/incidents/notifiable events showed that not all had been reported to RQIA. This was identified as an area of improvement.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

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

Discussion with the registered 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.

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.

There was evidence of managerial staff being provided with additional training in governance and leadership. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

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

The registered manager confirmed 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 certificate was displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responds to regulatory matters in a timely manner.

Review of records and discussion with the registered manager 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 this was noted to be out of date. This was identified as an area of improvement. Discussion with staff established that they were knowledgeable regarding Whistle blowing procedure. The registered manager stated that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager stated that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

### Areas of good practice

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

### Areas for improvement

Areas for improvement were identified in relation to notifications as not all had been sent to RQIA and the Whistle Blowing policy and procedure was not in date.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

## 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, Registered 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 30.-1(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 March 2018</p>	<p>The registered person shall ensure that all reportable notifications are sent to the Regulation and Improvement Authority without delay.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> This has been discussed with senior staff and clarification on what is a notifiable incident</p>

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p>Ref: Standard E13</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 13 July 2018</p>	<p>The registered person shall ensure repairs/replacement is undertaken of the bathrooms and bedroom wash hand basins identified at this inspection.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Trust has agreed to the replacement of the complete units in which the bedroom basins are located. This along with the bathroom basins will cost in excess of £78k which will require capital funding. The business case is to be prepared over the next 3 weeks to enable this work to be undertaken.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 29.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2018</p>	<p>The registered person shall ensure all staff receives fire training at least twice a year.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Clonmore has 4 dates identified at the start of the year for fire training. New signing form has been implemented in Clonmore, staff to sign on the dates they attend fire training. This is on the office wall where it clearly highlights the training taken to prevent any lapses in training</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 May 2018</p>	<p>The registered person shall ensure all residents care plans are kept up to date to reflect the residents current care needs.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> This was addressed and discussed with senior and care staff.</p>

<p><b>Area for improvement 4</b></p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: 30 March18</p>	<p>The registered person shall ensure that there is an entry at least weekly for each resident.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This was addressed and discussed with senior staff .Weekly audits of care plans implemented</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>The registered person shall ensure policy and procedures are subject to a systematic three yearly review.</p> <p>Ref: 6.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The policy identified was a Trust document this was addressed with line managers</p>

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



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