

# Inspection Report

30 October 2022



## Clonmore House

**Type of service: Residential (RC)**

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

**Telephone number: 028 9085 1153**

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation:</b> Northern Health and Social Care Trust  <b>Responsible Individual :</b> Ms Jennifer Welsh	<b>Registered Manager:</b> Mrs Tracey McCartney
<b>Person in charge at the time of inspection:</b> Ms Lindsay Kerr, senior care assistant	<b>Number of registered places:</b> 42  The home is approved to provide care on a day basis only to 2 persons
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 15
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 42 residents. The home is over two floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 30 October 2022, from 9.40am to 2.30pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There was safe, effective and compassionate care delivered in the home and the home was well led.

It was evident that staff promoted the dignity and well-being of residents. Staff were seen to be attentive and caring to residents' needs.

Two areas requiring improvement were identified during this inspection. These were in relation to the inappropriate storage of cleaning chemicals and wedging of fire safety doors.

Residents said that the care in the home was very good and staff were kind and caring.

RQIA were assured that the delivery of care and service provided in Clonmore House was safe, effective, and compassionate and that the home was well led.

The findings of this report will provide the Manager with the necessary information to improve staff practice and residents' safety.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms Lindsay Kerr at the conclusion of the inspection.

### **4.0 What people told us about the service**

Residents said that they were very happy with the care in the home, their relationship with staff, the provision of meals and the general atmosphere.

Staff spoke in positive terms about the provision of care, their roles and duties, staffing levels, teamwork, training and managerial support.

## **5.0 The inspection**

### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to Clonmore House was undertaken on 06 December 2021 by a care inspector; no areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements**

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Northern Ireland Social Care Council (NICSS). These checks were maintained appropriately.

Staff said there was good team work and that they felt well supported in their role, that they were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place. Review of a staff member's assessment found this to be comprehensive in detail to account for the responsibilities of this role.

Staff said that there was enough staff on duty to meet the needs of the residents. It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. It was also observed that staff responded to requests for assistance promptly in a caring and compassionate manner. One resident said; "We're all well looked after. No problems. The staff are very kind."

There were systems in place to ensure staff were trained and supported to do their job. A range of mandatory and additional training was completed by staff on a regular basis and up-to-date basis. Staff spoke positively about their training as well as their induction received when newly appointed.

### **5.2.2 Care Delivery and Record Keeping**

Staff interactions with residents were observed to be pleasant, friendly and warm.

Residents' care records were maintained which reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. Residents were dressed nicely with attention to personal hygiene and care. Call assistance alarms were answered promptly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Two residents said; It couldn't be better. Everything is A1, including the food. It is a great place." and "The food is excellent."

Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what residents had to eat and drink daily. Residents who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Discussions with staff confirmed knowledge of these assessments.

Residents' needs were assessed at the time of their admission to the home.

Care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each resident's care needs and what or who was important to them.

Daily progress records were kept of how each resident spent their day and the care and support provided by staff. These records were well maintained with detail of the resident's well-being. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded.

The outcomes of visits from any healthcare professional were also recorded.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings. Residents' bedrooms were comfortable and suitably facilitated. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals in the laundry department were not stored safely and securely. This was brought to the attention of the senior in charge who agreed to act on same without delay. This has been identified as an area of improvement.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and, fire safety drills.

The home's most recent fire safety risk assessment was dated 5 January 2022. There were two recommendations made from this assessment. One of these recommendations was in relation to ceasing the practice of wedging fire safety doors open. The laundry department had its doors wedged open. This was brought to the attention of the senior in charge who acted accordingly to resolve this. An area of improvement has been made in relation to this. The other recommendation from this fire safety recommendation was seen to have been addressed.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided.

#### **5.2.4 Quality of Life for Residents**

Residents said that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time. One resident said; "It's lovely here. The staff are wonderful. They couldn't do enough for you. The food is very good too. Plenty of it."

The genre of music and television channels played was appropriate to residents' age group and tastes.

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their environment and interactions with staff. One resident said; "They (the staff) are very good here and very kind. I have done well coming here."

#### **5.2.5 Management and Governance Arrangements**

At the time of this inspection, Ms Lindsay Kerr, senior care assistant, was in charge of the home. She acted with good competence and knowledge throughout this inspection.

Mrs Tracey McCartney is the Manager of the home. Staff commented positively about the Manager and described them as supportive, approachable and available for guidance.

Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. There were good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained.

There was a comprehensive system of audits and quality assurance in place. These audits included; monthly falls audits, food safety audits and infection prevention and control audits.

The home was visited each month by a representative of the Responsible Individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 7.0 Quality Improvement Plan/Areas for Improvement

Two areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Lindsay Kerr, Senior Care Assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14(2)( a )  <b>Stated:</b> First time  <b>To be completed by:</b> 30 October 2022	The registered person shall ensure all cleaning chemicals are stored safely and securely.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> This issue was addressed on the day of the inspection by senior care assistant on duty. The registered manager has discussed the safe storage of laundry chemicals with all staff.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27(4)(d) (I)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 October 2022	The registered person shall ensure the practice of wedging opening fire safety doors is ceased.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> This issue was addressed on the day of the inspection and the registered manager has discussed further with all staff. The practice of wedging open doors has ceased. The registered manager will communicate this again at the staff meeting

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





The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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