



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow-up Care Inspection Report 28 February 2019



Clonmore House

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 provider 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: Anthony Baxter Stevens	Registered Manager: See Below
Person in charge at the time of inspection: Tracey McCartney	Date manager registered: Tracey McCartney – Acting manager
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Number of registered places: 42 The home is approved to provide care on a day basis only to 2 persons

4.0 Inspection summary

An unannounced inspection took place on 28 February 2019 from 10.00 to 16.00 hours.

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.

The following areas were examined during the inspection:

- staffing
- environment
- falls management
- nutrition
- fire safety

Residents described living in the home in positive terms. Residents' comments can be found in section 6.3.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent care inspection on 27 October 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:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with eight residents and 10 staff. A poster was displayed at a staff area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. Ten questionnaires for residents and their visitors were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector. The inspector provided the manager with 'Have we missed you' cards which were then placed in a prominent position to allow residents, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota for week commencing 15 February 2019
- incident and accident records
- training records in relation to falls awareness
- three residents' care records
- three residents' daily care charts in relation to food and fluid intake charts

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 October 2018

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

6.2 Review of areas for improvement from the last care inspection dated 27 October 2018

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
Area for improvement 1 Ref: Standard 28.1 Stated: First time	The registered person shall ensure the laundry products are removed from the floor and stored appropriately.	Met
	Action taken as confirmed during the inspection: A review of the laundry facility evidenced that this area for improvement has now been met.	
Area for improvement 2 Ref: Standard 29.6 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and a review of records pertaining to fire safety and fire drills evidenced that this area for improvement has now been met.	

6.3 Inspection findings

Staffing

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review. A review of the staffing rota for week commencing 15 February 2019 confirmed that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the residents and to support the care staff.

Consultation with eight residents confirmed that they were satisfied that the staffing levels in the home met their needs. Residents spoke positively about staff and the attention staff paid to them. Two staff consulted did not feel the staffing arrangements were suitable and described the areas in which they had concern. The staffs' concerns were passed to the manager for their review and action as appropriate. Observation of the delivery of care evidenced that residents' needs were met by the levels and skill mix of staff on duty and that staff attended to residents' needs in a timely and caring manner.

Staff stated that they worked well together as a team; each staff member knew their role, function and responsibilities. Comments from staff included, "It's brilliant; we all get on really well together".

Discussion with staff evidenced that they were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each resident's condition and any changes noted. Staff also confirmed that a handover file was maintained daily to assist in the transfer of important information relating to resident care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to teamwork in the home.

Areas for improvement

No areas for improvement were identified during the inspection with staffing arrangements.

	Regulations	Standards
Total number of areas for improvement	0	0

Environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. Discussion with the manager evidenced recent improvements to the home. Communal corridors were in the process of being repainted and the manager confirmed that plans were in progress to replace the carpet on communal corridors and the staircase. The bath in the home was observed to be out of order. The manager confirmed that quotes had been acquired to ensure the bath was repaired in a timely manner. Compliance with infection prevention and control measures were well maintained. Chemicals were not observed accessible to residents in any area within the home. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear.

Areas of good practice

An area of good practice was identified on compliance with infection prevention and control.

Areas for improvement

No areas for improvement were identified during the inspection on the environment.

	Regulations	Standards
Total number of areas for improvement	0	0

Falls management

Residents were assessed on their risk of falls on admission and a care plan was in place to advise of the actions to be taken to prevent falls. A 'falls file' was available in the home for staff to use as a reference guide. The file contained a falls flow chart guiding staff on the actions to take if a resident had a fall. A review of one resident's care records evidenced that the appropriate actions had been taken following a fall. Accidents were reviewed on monthly monitoring visits to the home. A monthly monitoring visit was conducted on the day of the inspection. The manager conducting the visit confirmed that they would conduct a post falls review on residents who had sustained an injury as part of their visit to ensure that the appropriate actions had been taken following the fall. A falls stick was maintained to record the number of falls occurring in any given month. Discussion with the manager and a review of training records evidenced that the majority of staff in the home had completed fall awareness training. The manager also confirmed that a monthly audit review of falls in the home was sent to the Northern Health and Social Care Trust (NHSCT).

Areas of good practice

An area of good practice was identified in relation to the management of the resident following a fall.

Areas for improvement

No areas for improvement were identified during the inspection on falls management.

	Regulations	Standards
Total number of areas for improvement	0	0

Nutrition

Nutritional requirements were assessed on admission and residents' eating and drinking care plans were developed reflective of their nutritional assessments. Discussion with kitchen staff confirmed that a diet notification board was maintained in the kitchen to reflect residents' dietary requirements. A review of one resident's assessment identified a food allergy. The food allergy was highlighted within the resident's care plan and identified on the diet notification board in the kitchen. Kitchen staff were able to demonstrate the actions taken to ensure that the resident was protected from the allergy. Residents were weighed regularly and the residents' weights were recorded within the residents' care records. However, an unexplained weight loss identified was attributed to the weighing scales in the home not measuring correctly. This was discussed with the manager and identified as an area for improvement.

The serving of lunch was observed in the dining room on the ground floor. A menu was on display on the wall of the dining room offering three alternative meals for lunch. Lunch commenced at 12:30 hours. Residents were seated around tables which had been appropriately set for the meal or they were seated in their preferred dining area. Food was served directly from the kitchen which was situated alongside the dining room. Food was covered when transferred from the dining room to the residents' preferred dining area. The food was served when residents were ready to eat or to be assisted with their meals. The food served appeared nutritious and appetising. Portions were appropriate for the residents to which the food was served. Staff were observed to encourage residents with their meals and residents were observed to be assisted in an unhurried manner where required. Staff wore the appropriate aprons when serving or assisting with meals. A range of drinks were offered to the residents. Residents appeared to enjoy the mealtime experience and the majority of residents commented positively on the food provision.

Two residents consulted identified separate areas where they felt the food provision could be improved. The residents' ideas were passed to the manager for their review and action as appropriate.

Staff confirmed that breakfast in the home commenced around 08.30 hours, lunch at 12.30 hours, evening meal at 17.00 hours and supper from 20.30 hours. In addition a tea trolley round would be served at 11.00 hours and 14.30 hours. Residents had 24 hour access to food and fluids.

Areas of good practice

An area of good practice was identified in relation to the communication between staff in regards to residents' nutritional dietary requirements.

Areas for improvement

An area for improvement was identified in relation to the effectiveness of the equipment used to weigh residents in the home.

	Regulations	Standards
Total number of areas for improvement	0	1

Fire safety

An area for improvement had been identified at the previous care inspection in relation to fire drills. Discussion with the manager and a review of records evidenced that a system had been developed to ensure that all staff employed were involved in a fire drill at least annually. There was evidenced of recent fire training for staff and upcoming dates for fire training. Training in the home was monitored on a central matrix. The manager confirmed that line management within the NHSCT would also monitor compliance with the home's staff training.

A fire evacuation file had been developed including details of residents' next of kin and general practitioner. Each resident had a personal emergency evacuation plan (PEEP) completed and copies of the PEEP were also maintained within the fire evacuation file. A separate fire file contained evidence of daily checks of emergency lighting in the home and daily checks on means of escape. As previously stated, the home's environment promoted fire safety.

Areas of good practice

An area of good practice was identified in relation to the environment supporting fire safety.

Areas for improvement

No areas for improvement were identified during the inspection on fire safety.

	Regulations	Standards
Total number of areas for improvement	0	0

Consultation

Consultation with eight residents individually, and with others in smaller groups, confirmed that living in Clonmore House was a positive experience. Five resident questionnaires were left for completion. None were returned within the timeframe.

Residents' comments to the inspector during the inspection included:

"I find the care in the home very good. The girls are very pleasant."

"The care is fine here. Lunchtime meals can be a bit repetitive."

"They take very good care of you here."

"It is very good here. Couldn't be better."

"The home is ok. Vegetables are over boiled is the only thing."

"This is a great care home."

"I am very happy here. I will be sorry to leave."

No residents' representatives were consulted during the inspection. Five relative/representative questionnaires were left for completion. None were returned.

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Comments from ten staff consulted during the inspection included:

"I like working here."

"I enjoy working here."

"Love it. Every minute of it here."

"I really like it here.."

"I'm happy enough here."

"I love it here."

"I enjoy it."

Any comments from residents, resident representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

Areas of good practice

An area of good practice was identified in relation to the delivery of compassionate care resulting in residents' appreciation of staff.

Areas for improvement

No areas for improvement were identified 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

<p>Area for improvement 1</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the scales used to weigh residents in the home are maintained and fit for purpose at all times.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: A new set of weighing scales ordered as the old ones not holding charge</p>

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



The **Regulation** and
Quality Improvement
Authority

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

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