



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

**Name of Establishment: Cloughreagh House**

**Establishment ID No: 1558**

**Date of Inspection: 26 March 2015**

**Inspector's Name: Laura O'Hanlon**

**Inspection No: IN016879**

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544

## 1.0 General information

<b>Name of Home:</b>	Cloughreagh House
<b>Address:</b>	Millvale Road Bessbrook Newry BT35 7NH
<b>Telephone Number:</b>	028 3083 0520
<b>E mail Address:</b>	kate.mcbeth@southerntrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Mrs Anne Mairead McAlinden Southern Health and Social Care Trust
<b>Registered Manager:</b>	Mrs Kathleen Patricia McBeth
<b>Person in Charge of the home at the time of Inspection:</b>	Ms Laura Doyle
<b>Categories of Care:</b>	RC-DE, RC-I,
<b>Number of Registered Places:</b>	31
<b>Number of Residents Accommodated on Day of Inspection:</b>	23 and 5 day care residents.
<b>Scale of Charges (per week):</b>	£461.00
<b>Date and type of previous inspection:</b>	10 June 2014 Primary Unannounced
<b>Date and time of inspection:</b>	26 March 2015 10.30am – 4pm
<b>Name of Inspector:</b>	Laura O'Hanlon

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is a report of a secondary unannounced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## 3.0 Purpose of the inspection

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Processes

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

- Discussion with the person in charge of the home
- Examination of records
- Observation of care delivery and care practices
- Discussion with residents and staff
- Inspection of the premises
- Evaluation and feedback

## 5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard/s:

### **STANDARD 9 - Health and social care**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

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

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **6.0 Profile of service**

Cloughreagh House Statutory Residential Home opened in 1980 to provide care for a maximum of thirty one people in Category I (Old and Infirm). The Registered Organisation in Control is the Southern Health and Social Care Trust and Mrs Kate McBeth is the registered manager.

The building encompasses the Care Bureau and Memory Services, entrance to these services are separate from the main home.

The facility is located within a residential area on the outskirts of Bessbrook which is three miles from the city of Newry. Day care services are also provided within the home for up to 5 people. This number has been reduced from last inspection.

In July 2012 the Southern Health and Social Services Trust were approved to provide care for three identified persons with a diagnosis of dementia.

There are mature gardens to the rear of the building and these are landscaped to include a secure area. Parking facilities are available to the front of the building.

## **7.0 Summary of inspection**

This secondary unannounced care inspection of Cloughreagh House was undertaken by Laura O'Hanlon on 26 March 2015 between the hours of 10.30am and 4pm. Ms Laura Doyle, senior care assistant was available during the inspection and Ms Eileen Doak, senior care assistant was available for verbal feedback at the conclusion of the inspection.

One requirement and four recommendations were made as a result of the previous inspection. Review of documentation, observations and discussions demonstrated that the requirement and two recommendations have been addressed within the required timescales. Two recommendations are being stated for the second time. The details of the actions taken by the registered manager can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard 9: Health and social care needs of residents are fully addressed.

A review of this standard found that care records were recorded with good account of residents' health and social care needs being met. Residents care records reflected liaison with primary health care professionals and residents were central to this process. Staff who met with the inspector demonstrated knowledge and understanding of individual residents assessed needs and referral pathways to ensure that these needs are met. Care records overall detailed the primary health care professionals involved and there were systems and processes in place to ensure monitoring and provide feedback on follow up care. The evidence gathered through the inspection process concluded that Cloughreagh House was compliant with standard 9.

During the inspection the inspector met with residents, relatives and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents and staff are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. The residents' bedrooms and communal areas were clean and comfortably furnished with personal effects adding to the warm nature of the home.

A number of additional areas were also examined including fire safety and visits by registered provider. Further details can be found in section 10.0 of the main body of the report.

One requirement and two restated recommendations were made as a result of the secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents and staff for their assistance and co-operation throughout the inspection process.

**8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 10 June 2014.**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	20 (1) (a)	<p><b><u>Staffing</u></b></p> <p>The registered manager must ensure that the staffing arrangements for the provision of activities in the residential home are reviewed.</p> <p>The outcome of the review of the day care services should be detailed in the returned QIP.</p>	<p>A review of day care has taken place. Day care provision has been reduced from 10 to 5 persons. There were 5 persons in receipt of day care during the inspection. A dedicated day care worker is in place for 3 days from 10-4pm. On the other 2 days a dedicated care assistant is allocated to day care residents. There was a dedicated day care worker in place during the inspection. The person in charge confirmed that Cloughreagh House are not receiving any new referrals for day care.</p>	<p><b>Compliant</b></p>

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	10.1 and 10.2	The registered manager should confirm that the guidance "Responding to Residents Behaviour" has been reviewed to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).	This guidance remains in the process of review and has not been completed within the required timeframes. This recommendation will be stated for the second time.	<b>Moving towards compliance</b>
2	13.1	The registered manager should confirm that the policy on activities has been reviewed.	This guidance remains in the process of review and has not been completed within the required timeframes. This recommendation will be stated for the second time.	<b>Moving towards compliance</b>
3	13.5	The registered person/manager should review the arrangements in regard to the finances allocated to activities.	The home operates a Friends of Cloughreagh comfort fund and this is utilised for the provision of activities.	<b>Compliant</b>
4	13.5	The registered person/manager should confirm that staff has received training in regard to the provision of activities.	The returned quality improvement plan details that the registered manager has supported staff awareness training and development with regard to activities. The person in charge confirmed that further staff training is planned for 20 April 2015 and 5 May 2015 on meaningful activities and all staff are to attend 1 session.	<b>Compliant</b>



**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

<p><b>Criterion Assessed:</b>                  9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b>                  A review of four residents' care records identified that the name and contact details of residents GP, optometrist and dentist were noted.                   Discussion with the registered manager and staff confirmed that, should a resident require to be registered with a new GP, optometrist or dentist after admission, the resident and/or representative is provided with information on the choice of services in the locality and assisted in the registration process.</p>	<p align="center">Compliant</p>
<p><b>Criterion Assessed:</b>                  9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b>                  Discussions with staff on duty confirmed that they had good knowledge and understanding of residents' specific needs and interventions required. Staff demonstrated good detail of the action to be taken in the event of an emergency. Care records evidenced comprehensive assessments completed by staff. Staff members confirmed that they are provided with mandatory training including first aid. Staff confirmed that they receive updates during staff handovers of any changes in a resident's condition and that the care plan is updated to reflect these.</p>	<p align="center">Compliant</p>

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Examination of four care records evidenced that resident wellbeing is continually monitored and recorded. There was evidence of comprehensive assessments undertaken which informed care plans and risk assessments.  All areas were considered including the management of continence care. There was free access to bed linen, towels and continence products. Gloves and aprons were available to staff to assist in infection control.  Care records showed evidence of referrals to and regular liaison with primary health care professionals and social services. A document called a contact sheet was contained within care files which outlines all contacts with a range of health care professionals. Staff are to be commended for the use of this document.	Compliant
<b>Criterion Assessed:</b> 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A review of four care records, discussion with one relative and staff members confirmed that residents' representatives are provided with information verbally and that this is recorded in the resident's care records where appropriate. Resident representatives are also kept informed of any follow up care during annual care reviews and this was evidenced within care records.	Compliant

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A review of four residents' files identified that a record of visiting professionals is maintained within these records in the contact sheet. There was also evidence to confirm that referrals are made as necessary to the appropriate services.	Compliant
<b>Criterion Assessed:</b> 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Discussions with staff confirmed that residents' spectacles, dentures and personal equipment and appliances are maintained by residents with assistance from staff. Care plans reviewed detailed the support needed.	Compliant

## 10.0 ADDITIONAL AREAS EXAMINED

### 10.1 Resident's consultation

The inspector met with seven residents individually and with other residents as part of a group. The inspector also spoke with five day care residents. Residents were observed relaxing in the communal lounge area. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Residents were praising of the staff. Both residents and staff were engaging in activities during the course of the inspection. Residents confirmed that a choice of food is offered and this was observed in the dining room. No concerns were expressed or indicated.

- "Staff are helpful, I would recommend it to anyone."
- "It's powerful here, home from home, staff are terrific and we are like a family here."
- "Couldn't get nicer, staff are so helpful. Staff contacts my son if anything is needed. The care is good."

### 10.2 Relatives/representative consultation

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

- "There is good communication and regular feedback from staff. Excellent care is provided here."

### 10.3 Staff consultation

The inspector spoke with five staff members, in addition to the person in charge. Discussion with staff identified that they felt well supported in their respective roles, had been provided with training and are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of individual residents and informed values were evident. No concerns were expressed.

Comments received included:

- "A very good standard of care is provided here."
- "Everyone works together and it is a friendly atmosphere for residents."
- "The care is second to none; there is a homely feeling in this home. The staff are friendly and we have great leaders here."

### 10.4 Visiting professionals' consultation

No professionals visited the home during the inspection.

## **10.5 Environment**

The inspector viewed the home accompanied by Laura Doyle and alone, inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised with spiritual emblems of resident's choice in place. Décor and furnishings were found to be of a good standard. The inspector established, through discussion with staff members and through observation, that there was unrestricted access to fresh bed linen and to continence products.

The home is in the process of refurbishing a bathroom upstairs and they have plans to redecorate the designated smoking area and resident's kitchen. The aligned estates inspector is aware of these changes.

## **10.6 Fire Safety**

The inspector confirmed that the home's most recent fire safety risk assessment was dated 8 January 2014. A requirement has been stated to ensure that an updated fire safety risk assessment is carried out as a matter of urgency.

A review of the fire safety records evidenced that fire safety awareness was undertaken by staff twice yearly in 2014.

The person in charge confirmed that different fire alarms are tested weekly and a written record was available on the day of inspection.

There was no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed. An evacuation had been undertaken on 21 January 2015 attended by nine staff.

## **10.7 Visits by Registered Provider**

A review of the visits by the registered provider confirmed that these are completed on a monthly basis. These reports were available on the day of inspection.

## **QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with Eileen Doak, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

**Laura O'Hanlon**  
**The Regulation and Quality Improvement Authority**  
**Hilltop**  
**Tyrone & Fermanagh Hospital**  
**Omagh**  
**BT79 0NS**



**Quality Improvement Plan**

**Secondary Unannounced Care Inspection**

**Cloughreagh House**

**26 March 2015**

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

The specific actions set out in the Quality Improvement Plan were discussed with Eileen Doak during or after the inspection visit.

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

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

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

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

Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
27 (4) (a)	<p>The registered person shall have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed.</p> <ul style="list-style-type: none"> <li>The registered person shall ensure that an up to date fire risk assessment is completed.</li> </ul> <p>Ref: Section 10.6 (Additional Areas Examined)</p>	One	The Registered manager can confirm that there is a current written risk assessment and fire management plan in place. The Fire Risk Assessment was updated on the 17 <sup>th</sup> April 2015	Immediate and ongoing



**Recommendations**

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	10.1 and 10.2	The registered manager should confirm that the guidance "Responding to Residents Behaviour" has been reviewed to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).	Two	The Registered manager can confirm that the guidance has been reviewed and now reflects the DHSS Guidance on Restraint and Seclusion in HPSS (2005) and the Human Rights Act (1998) April 2015	30 April 2015.
2	13.1	The registered manager should confirm that the policy on activities has been reviewed.	Two	The Registerd Manager can confirm the Policy on Activities has been updated and reviewed April 2015	30 April 2015.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Mrs Kate McBeth
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Mrs Angela McVeigh Director Older People and Primary Care

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Laura O'Hanlon	13/05/15
Further information requested from provider			