

Inspection Report

24 April 2022



Cloughreagh House

Type of service: Residential Care
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Southern Health and Social Care Trust (SHSCT) Responsible Individual: Mr Shane Devlin	Registered Manager: Mrs Kathleen McBeth Date registered: 6 August 2013
Person in charge at the time of inspection: Mrs Kathleen McBeth	Number of registered places: 23 Category of care DE for three identified persons already living in the home. The home is approved to provide care on a day basis only to 10 persons.
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 14
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 10 residents. Accommodation is over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 24 April 2022, from 9.20am to 1.45pm by a care inspector.

The inspection assessed progress with the one area of improvement identified in the home since the last care inspection and 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 by the manager.

Staff promoted the dignity and well-being of residents with kind, caring interactions. It was also evident that staff were knowledgeable and well trained to deliver safe and effective care.

One area requiring improvement was identified during this inspection. This was in relation to a lack of pre-admission and assessment details for an identified resident.

Feedback from residents was all positive in respect of their life in the home and their relationship with staff. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Cloughreagh House was safe, effective, 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 the residents' experience.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

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 Mrs Kathleen McBeth at the conclusion of the inspection.

4.0 What people told us about the service

During this inspection all 14 residents were met with. All except one confirmed that they were happy with their life in the home, their relationship with staff, the provision of meals and social activities. The one resident who didn't express these views had an assessed need which was referred to the manager for urgent address.

Comments from residents included the following statements: “It’s very good here. You couldn’t ask for any better. I am very happy here and being well cared for.” and “I like it here very much. the staff are all lovely.”

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, morale 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?

Areas for improvement from the last inspection on 25 May 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (2) (t) Stated: First time	The registered person shall submit a time bound action plan to the home’s aligned estates inspector detailing how the recommendations from the legionella risk assessment dated 14 September 2020 have been addressed.	Met
	Action taken as confirmed during the inspection: This time bound action plan was submitted to RQIA.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff recruitment is managed by the human resources department of the Southern Health and Social Care Trust with oversight from the manager of the home.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory and additional training needs were met by all staff on a regular and up-to-date basis, as appropriate. Discussions with the manager confirmed she had good managerial oversight of the training needs of staff. Staff spoke positively about the provision of training and said that their training needs were also identified at supervision and appraisal.

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

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 sample of two staff members' assessments found these to be comprehensive in detail to account for the responsibilities of this role.

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. For example with the provision of meals and dietary needs and social care needs.

Staff said that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained to reflect 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. Staff were seen to engage with residents' consent with statements such as "Would you like to..." and "Are you okay with..." when delivering personal care.

Examination of records and discussion with staff and the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review and with their GP.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

The dinner time meal was presented nicely and was appetising and nutritional. There was a good provision of choice. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. One resident made a comment saying: "The food is 100%."

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. An area of improvement was identified with the lack of pre-admission information and subsequent assessment for one identified resident's assessed mental health and social needs. This was discussed with the manager, who agreed to act on this without delay for the well-being and safety of this resident.

Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

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

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded. .

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and well maintained. Residents' bedrooms were tastefully furnished. Communal areas were well decorated, suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

The grounds of the home were overgrown but the manager reported that plans are in place to address this.

Cleaning chemicals were maintained safely and securely.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. These included regular and up-to-date fire safety checks in the environment, fire safety drills and fire safety training for staff. The home's most recent fire safety risk assessment was reviewed on 8 June 2021. The eight recommendations made from this assessment had corresponding evidence recorded of the actions taken.

Visiting arrangements were managed in line with Department of Health and Infection Prevention and Control (IPC) guidance.

There was evidence that there were systems and processes in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

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

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Residents were seen to be comfortable, content and at ease in their environment and interactions with staff. Comments made by residents included the following statements: "It's a great place in every way" and "I can't fault a thing. It's a very good home."

There was a nice atmosphere and ambience with residents enjoying the company of one another and staff, relaxing and watching television.

The genre of music played and television programmes was appropriate to the age group and tastes of residents.

The impact of COVID-19 was discussed with the manager who explained the steps the home had taken to minimise the impact with residents in terms of visiting and social care needs.

5.2.5 Management and Governance Arrangements

Mrs Kathleen McBeth has been the registered manager of the home since 6 August 2013. The manager was working senior care duties at the time of this inspection. Staff spoke positively about the manager, saying that she was readily available for support and that they would have no hesitation with reporting any concerns or worries if such were to happen.

The manager explained that expressions of complaint were seen as a forum for improvement and were taken serious and would be effectively managed. Records of complaint were recorded appropriately.

A review of the record of accidents and incidents found these to be appropriately recorded and reported to all relevant stakeholders. The manager carries out a monthly audit of all accidents and incidents to establish if there are any patterns or trends and need for corresponding actions.

The home is visited each month by a representative of the registered provider. A report is then published of these visits for relevant parties to examine. A review of the last three monthly monitoring visit reports found these to be well maintained with corresponding action plans put in place to address any issues identified.

7.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The one area of improvement and details of the Quality Improvement Plan was discussed with Mrs Kathleen McBeth, manager, 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	
Area for improvement 1 Ref: Regulation 15(1)(a) and (b) Stated: First time To be completed by: 26 April 2022	<p>The registered person shall ensure that sufficient detail is obtained on the pre-admission assessment and subsequent assessments, so as to ensure these care needs can be fully met.</p> <p>Reference to this is made in respect of an identified resident's mental health and social assessment.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The pre-admission assessment tool is currently being reviewed and revised to ensure that sufficient detail is obtained including consideration of the individual's wider care, health and social care needs. It is expected that this will include types of care and support the individual has received in the past and their general medical history, and engagement including relevant history and co-operation with support services in the past which may be indicative of their current care and support needs.</p> <p>To ensure care needs can be fully met access to community information system PARIS has also been made available to support the Registered Manager access relevant previous mental health and social care assessments.</p>

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