

Unannounced Inspection Report 16 December 2019



Cloughreagh House

Type of Service: Residential Care Home
Address: Millvale Road, Bessbrook, Newry, BT35 7EH
Tel No: 028 3083 0520
Inspector: Paul Nixon

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 23 residents.

3.0 Service details

Organisation/Registered Provider: Southern Health and Social Care Trust Responsible Individual: Mr Shane Devlin	Registered Manager and date registered: Mrs Kathleen Patricia McBeth 6 August 2013
Person in charge at the time of inspection: Ms Eimear McCullagh (Senior Residential Worker)	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	Total number of residents in the residential care home on the day of this inspection: 18

4.0 Inspection summary

An unannounced inspection took place on 16 December 2019 from 09.50 hours to 13.30 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

The inspection assessed progress with any areas for improvement identified since the last care and medicines management inspections and 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 the management of medicines, the environment and the dining experience.

No areas requiring improvement were identified.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Eimear McCullagh, Senior Residential Worker, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 4 June 2019

No further actions were required to be taken following the most recent inspection on 4 June 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

During the inspection we met with six residents, two resident's representatives and nine members of care staff.

Questionnaires and 'Have We Missed You?' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- medicine records
- RQIA registration certificate.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent care and medicines management inspections dated 4 June 2019 and 11 October 2017

There were no areas for improvement identified as a result of the most recent care and medicines management inspections.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

We arrived in the home at 09.50 hours and were greeted by the staff who were helpful and attentive. Residents were mainly seated in the lounges whilst others remained in their rooms in keeping with their personal preference or their assessed needs.

Observation of the delivery of care evidenced that staff attended to residents needs in a timely and caring manner.

The home was observed to be clean and warm, all areas inspected were appropriately decorated and clean. There were no malodours. Corridors were free from trip hazards and cleaning products were stored in areas not accessed by residents.

A sample of ten residents' personal medication records and medicine administration records were reviewed. These had been maintained in a satisfactory manner. A range of audits on the administration of medicines was completed. There was evidence that medicines were being administered as prescribed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the home's environment, staffing and the management of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage.

Staff stated that there was effective teamwork; each staff member spoken to knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues.

We reviewed the lunchtime meal experience. It was a Christmas lunch to which some relatives and former staff members had been invited to attend. Lunch commenced at 12.55 hours. Residents dined in the main dining area. Tables had been laid appropriately for the meal. The menu offered a choice of meal for lunch. Food was served warm when residents were ready to eat their meals. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to residents' dietary requirements. Residents wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with residents when assisting with meals and residents were assisted in an unhurried manner. Residents consulted spoke positively of the food provision.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the admission process, communication between residents and staff and the assistance provided by staff to ensure that residents enjoyed a nutritious meal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and how to provide support if required. Staff interactions with residents were observed to be compassionate, caring and timely. Residents were afforded choice, privacy, dignity and respect.

Consultation with six residents confirmed that living in the home was a positive experience. Comments included:

- "It's absolutely fabulous. Staff are unbelievably good, so kind."
- "The home is second to none."
- "The food is great."

- “A brilliant place. Wonderful.”
- “I am looked after very, very well. Staff are very good. I am fed very well.”
- “Staff are unbelievably good; I have never met such dedicated staff.”
- “The food is excellent.”

Two visitors stated that their relative was very happy, was getting great care and that management and staff were very welcoming. Comments included:

- “It’s excellent; just like a hotel. Staff are very helpful.”
- “It’s very welcoming. Staff are lovely, very friendly. I am very happy with the care provided.”

Of the questionnaires that were issued, four were returned from residents or relatives. The responses indicated that they were very satisfied/satisfied with all aspects of the care. Comments included:

- “All the staff in Cloughreagh go the extra mile to do anything they can for the residents,”
- “Excellent care... couldn’t ask for any better.”

Residents who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

Discussion with staff confirmed that management were supportive and responsive to any suggestions or concerns raised. Staff confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All staff spoken to stated that they enjoyed working in the home. Comments included:

- “I love it here. There is such a lovely team. The manager is very supportive.”
- “It’s a great home; brilliant teamwork.”
- “It’s good working here with good management support.”
- “Staff work well together.”
- “There are plenty of training opportunities.”

- “There is a very good atmosphere here with a very supportive team.”
- “I enjoy working here.”
- “I absolutely love it here. It’s a part of me.”
- “I receive great support from the manager.”
- “A lovely team; everyone very committed.”
- “Excellent managerial support.”

We also sought staff opinion on staffing via the online survey. There were no responses received within the allocated time provided.

Regarding the Deprivation of Liberty Safeguards, the person-in-charge advised that all staff had received Level 2 training and that several senior staff had attended either Level 3 or Level 4 training. Staff demonstrated general awareness and knowledge of what a deprivation of liberty is and how to ensure the appropriate safeguards are in place to comply with the new legislation.

Areas of good practice

There were examples of good practice found in relation to quality improvement and maintaining good working relationships.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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