

Unannounced Care Inspection Report 21 November 2017



Cloughreagh House

Type of Service: Residential Care Home
Address: Millvale Road, Bessbrook, Newry, BT35 7EH
Tel No: 028 3083 0520
Inspector: Laura O'Hanlon

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 23 beds registered to provide care for residents under categories of care detailed on its certificate of registration.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Francis Rice	Registered Manager: Kathleen McBeth
Person in charge at the time of inspection: Eileen Doak, senior care assistant until 14.00 Kate McBeth after 14.00.	Date manager registered: 6 August 2013
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 23

4.0 Inspection summary

An unannounced care inspection took place on 21 November 2017 from 10.30 to 16.15.

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 and sought 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 staff training, the culture and ethos of the home, communication between the residents and staff and the management of incidents.

Areas requiring improvement were identified in regards to competency and capability assessments, recruitment checklist and care records.

Residents said they were very happy with the standard of care provided in the home and that the staff were very helpful.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Kate McBeth, Registered 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 inspection on 23 May 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP and the notifications of accidents and incidents.

During the inspection the inspector met with 15 residents, five care staff, three senior care staff and the registered manager.

A total of 10 questionnaires were provided for distribution to residents and their representatives. The staff were encouraged to access the on line service for questionnaire completion. One questionnaire was returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- One staff competency and capability assessment
- Staff training schedule/records
- Two staff recruitment files
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of staff training, the environment, medication, fire safety, falls
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance was recorded as met and not met.

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 inspection dated 11 October 2017

The most recent inspection of the home was an unannounced medicines management inspection. There was no QIP issued at this inspection.

6.2 Review of areas for improvement from the last care inspection dated 23 May 2017

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
Recommendation 1 Ref: Standard 10.7 Stated: First time	The registered provider should ensure that the statement of purpose references the restrictive practices employed within the home, notably the use of a keypad entry system at the front door	Met
	Action taken as confirmed during the inspection: A review of the statement of purpose confirmed that it referenced the restrictive practices employed within the home.	

Recommendation 2 Ref: Standard 19.2 Stated: First time	The registered provider should ensure that a checklist is devised by the registered manager to ensure that staff are recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.	Not met
	Action taken as confirmed during the inspection: Discussion with the registered manager identified that a recruitment checklist was devised. However a review of two files of staff members' recruited since the last inspection confirmed that the checklist was not completed. This area for improvement will be stated for the second time.	
Recommendation 3 Ref: Standard 17.10 Stated: First time	The registered provider should ensure that records of complaints detail the complainant's level of satisfaction.	Met
	Action taken as confirmed during the inspection: A review of the record of complaints confirmed that records were maintained in regard to the complainant's level of satisfaction.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. The registered manager confirmed the number of residents accommodated in the home can change on a regular basis depending on admissions and discharges from the home. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of two induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. One staff competency and capability assessment was reviewed. It was noted that this assessment was completed by the staff member but not signed by the registered manager. This was identified as an area for improvement.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. Following the last care inspection the registered manager was advised to ensure that they had oversight of the recruitment process. The registered manager confirmed that a recruitment checklist was devised. However a review of two files of staff members' recruited since the last inspection confirmed that the recruitment checklist was not completed. This area for improvement will be stated for the second time.

Arrangements were in place to monitor the registration status of staff with their professional body.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained. The registered manager confirmed that there were no current safeguarding investigations within the home.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. The registered manager confirmed that new admissions were referred to the home for a limited time to enable a period of assessment and recovery before discharge either home or referral for a permanent placement in another facility.

The registered manager confirmed there were restrictive practices employed within the home, notably the use of a keypad entry system to the home. A review of the statement of purpose and residents guide identified that restrictions were adequately described.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment during the inspection and review of the records of individual equipment verified this.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the trust's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 2 May 2017 and there were no recommendations made.

Review of staff training records confirmed that staff completed fire safety training twice annually. A fire drill was last completed on 12 June 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

During the review of care records it was noted that two residents did not have a completed Personal Emergency Evacuation Plan (PEEPs) in place. This was discussed with the registered manager during the inspection and the PEEP's were completed for the identified residents before the end of the inspection.

One completed questionnaire was returned to RQIA. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, adult safeguarding and infection prevention and control.

Areas for improvement

Two areas for improvement were identified in regards to competency and capability assessments and the recruitment checklist.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Three care records were reviewed. Overall care records included an assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. The registered manager confirmed that new residents were admitted to the home for a short term period of assessment and rehabilitation to support recovery before discharge. The registered manager confirmed that there was significant multi-disciplinary input to ensure that the rehabilitation was successful.

It was noted on one record of daily entries where a resident had a wound dressing changed by staff. This was not referenced in the assessment or the care plan. This was discussed with the registered manager and was identified as an area for improvement to ensure that a robust assessment of need is completed for all residents admitted to the home. This was identified as an area for improvement to comply with the regulations.

In addition one resident required wound management care for leg ulcers. There was no care plan in place to oversee the management of this or to direct staff if a problem occurred. This was discussed with the registered manager and was identified as an area for improvement to ensure that comprehensive care plans are in place to direct and inform staff in regard to care delivery. This was identified as an area for improvement to comply with the regulations.

The care records reflected the multi-professional input into the residents' health and social care needs. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident. Discussion with staff confirmed that a person centred approach underpinned practice. This was evidenced primarily during discussion with the staff in regard to the individual needs and preferences of the residents.

Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of staff training, the environment, medication, fire safety and falls were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents. Minutes of resident meetings were reviewed during the inspection and were noted to be displayed on the notice board near the front door.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

One completed questionnaire was returned to RQIA. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

Two areas for improvement were identified during the inspection in regard to care records.

	Regulations	Standards
Total number of areas for improvement	2	0

6.6 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.

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records for example; a care plan was in place for management of medication.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions with staff, care management reviews and the monthly monitoring visits by the registered provider.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection a number of the residents played bingo with staff and the activities coordinator. The residents spoken with in their bedrooms advised that they were always asked if they wished to attend the activity.

Arrangements were in place for residents to maintain links with their friends, families and wider community. The staff confirmed that family members were welcome to visit the home at any time.

One completed questionnaire was returned to RQIA. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Comments made by residents during the inspection were:

- "It's a wonderful place, the staff are fantastic and they couldn't do enough for you. The food is really good."
- "I am very happy here, the staff are wonderful you couldn't ask for better."
- "The staff are great, when I ask they always come very quickly. I am always asked if I want to go to the activities but I prefer my own company."
- "Everyone gets on well in here. I enjoy the range of people coming and going in the home."

Comments made by staff members during the inspection were:

- "This is a good home which provides excellent care. We all work together and there is good teamwork."
- "There is a good atmosphere in the home. All of the senior care staff and the management are very approachable. The management are open and responsive to suggestions and we feel listened to."
- "The manager is very professional, supportive and her door is always open."
- "The staffing levels are satisfactory. It's a good home with a high standard of care provided."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents 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

6.7 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

The registered manager outlined the management arrangements and governance systems in place within the home. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager confirmed that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

The registered manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager identified that they had understanding of their role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the monthly monitoring reports.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

One completed questionnaire was returned to RQIA. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kate McBeth, Registered 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 15 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2017</p>	<p>The registered person shall ensure that a robust assessment of need is completed for all residents.</p> <p>Ref: section 6.5</p>
	<p>Response by registered person detailing the actions taken: This has been addressed and is ongoing with community Key Workers who are making a referral for Services Users accessing services into the Home.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2017</p>	<p>The registered person shall ensure that comprehensive care plans are in place to direct and inform staff in regard to care delivery.</p> <p>Ref: section 6.5</p>
	<p>Response by registered person detailing the actions taken: The Registered manager can confirm that this area of improvement was reviewed and completed on 22nd November 2017</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 19.2</p> <p>Stated: Second time</p> <p>To be completed by: 22 November 2017</p>	<p>The registered provider should ensure that a checklist is devised by the registered manager to ensure that staff are recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.</p> <p>Ref: section 6.4</p>
	<p>Response by registered person detailing the actions taken: The registered manager can confirm that this area of improvement was reviewed and completed on 22nd November 2017</p>
<p>Area for improvement 2</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p> <p>To be completed by: 22 November 2017</p>	<p>The registered person shall ensure that competency and capability assessments are signed by the registered manager when completed.</p> <p>Ref: section 6.4</p>
	<p>Response by registered person detailing the actions taken: The Registered manager can confirm that this area of improvement was reviewed and completed on 22nd November 2017</p>

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



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

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews