

# Inspection Report

25 May 2021



## Cloughreagh House

Type of service: Residential  
Address: Millvale Road, Bessbrook, Newry, BT35 7EH  
Telephone number: 028 3083 0520

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Southern Health and Social Care Trust (SHSCT)</p> <p><b>Responsible Individual:</b> Mr Shane Devlin</p>	<p><b>Registered Manager:</b> Mrs Kathleen Patricia McBeth</p> <p><b>Date registered:</b> 6 August 2013</p>
<p><b>Person in charge at the time of inspection:</b> Mr Jimmy Dowdall, senior care assistant then Mrs Kate McBeth from 1.30pm</p>	<p><b>Number of registered places:</b> 23</p> <p>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.</p>
<p><b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.</p>	<p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 9</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This is a registered Residential Home which provides social care for up to 23 persons. Resident bedrooms are located over two floors. Residents have access to communal lounges, a dining room and a garden.</p>	

## 2.0 Inspection summary

An unannounced inspection was conducted on 25 May 2021, from 9.40 am to 2.30 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

One area requiring improvement was identified. This related to the legionella risk assessment and informing RQIA of the subsequent response and actions taken.

Residents said that living in the home was a good experience.

Comments received from residents and staff, are included in the main body of this report.

RQIA were assured that the delivery of care and service provided in Cloughreagh House was safe, effective, and 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 inspection report, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the Person in Charge at the conclusion of the inspection.

### **4.0 What people told us about the service**

During the inspection we spoke with all nine residents and six staff. No questionnaires were returned and we received no feedback from the staff online survey. Residents spoke highly on the care that they received and on their interactions with staff. Residents confirmed that staff treated them with respect and that they would have no issues in raising any concerns with staff. Staff acknowledged the difficulties of working through the COVID-19 pandemic but all staff agreed that Cloughreagh House was a good place to work. Staff were very complimentary in regard to the home's manager and spoke of how much they enjoyed working with the residents.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Cloughreagh House was undertaken on 14 September 2020 by a care inspector; no areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff were recruited correctly to protect residents as far as possible, as managed by the organisation's human resource department. Discussions with the manager confirmed she had good knowledge and understanding of the legislation and standards pertaining to the safe recruitment and selection of staff. All staff were provided with a comprehensive induction programme to prepare them for working with the residents.

There were systems in place to ensure staff were trained and supported to do their job. Staff received regular and up-to-date mandatory and additional training in a range of topics.

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

The staff duty rota accurately reflected all of 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 person in charge of the home has a competency and capability assessment in place.

Staff stated that there was enough staff on duty to meet the needs of the residents. The manager also stated that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

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, residents were able to have a lie in and breakfast in bed.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said "It's a lovely place in every way. You won't find any faults here. I hope you don't cause the staff are all so good to me." and "I can't say a bad word about here. They (the staff) are all lovely and kind to me and what more can I ask for."

There were safe systems in place to ensure staff were recruited and trained properly; and those residents' needs were met by the number and skill of the staff on duty.

### **5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?**

Inspection of staff training records confirmed that all staff had completed adult safeguarding training on an up-to-date basis. Staff stated they were confident about reporting concerns about residents' safety and poor practice, and that they understood the whistle-blowing policy.

Inspection of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. Inspection of residents' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was required. It was good to note that residents who had capacity were actively involved in the consultation process and could give informed consent. This was good practice. Staff had attended specialised training to ensure they were aware of what restrictive practices were and how to ensure if they could not be avoided that best interest decisions were made safely for all residents.

Staff were observed to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be polite, friendly, warm and supportive. Staff were seen to seek residents' consent with delivering personal care with statements such as; "Would you like to...or can I help you with..."

There were systems in place to ensure that residents were safely looked after in the home and to ensure that staff were adequately trained for their role in keeping residents safe.

### **5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?**

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. There was evidence that the environment was clean and tidy with a good standard of décor and furnishings being maintained.

Some residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

There was evidence in the home of displays of photographs of residents undertaking in the part of the activity programme provided.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The home's most recent fire safety risk assessment was dated 14 September 2020. Corresponding evidence was in place to confirm that the six recommendations from this assessment had been addressed.

Inspection of staff training records and fire safety records confirmed that fire safety training and safety drills were maintained on an up-to-date basis as were fire safety checks in the environment.

The home's most recent legionella risk assessment was dated 14 September 2020. There was no corresponding evidence recorded in response to the recommendations made from this assessment. An area of improvement has been made to submit a time bound action plan to the home's aligned estates inspector detailing the actions taken in response to these recommendations.

There was good evidence of a homely, comfortable environment and a programme of upkeep and redecoration in place as required.

#### **5.2.4 How does this service manage the risk of infection?**

The senior care assistant in charge described the systems and processes that were 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).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Inspection 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.

There was a plentiful supply of PPE. Hand sanitising gels were at the entrance of the home and accessible areas throughout. Signage was also displayed relaying information on IPC and COVID-19.

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.

Visiting arrangements were managed in line with Department of Health and IPC guidance.

#### **5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.**

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, residents' care records were maintained which accurately reflected the needs of the residents. The senior care assistant on duty had good knowledge of individual residents' needs, their daily routine wishes and preferences.

Inspection of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed. For example, when a resident has had a fall it is good practice to complete a review to determine if anything more could have been done to prevent the fall. This is known as a post fall review. Such reviews were being completed.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this could include simple encouragement through to additional assistance from staff. During the dining experience, 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.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The lunchtime meal was a pleasant and unhurried experience for the residents. One resident made comment saying that; "It's very good here as are the staff and the food. No problems."

#### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of systems?**

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 these needs; and included any advice or recommendations made by other healthcare professionals. The 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 of their care needs and what or who was important to the individual.

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.

#### **5.2.7 How does the service support residents to have meaning and purpose to their day?**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or reside in areas of choice. Residents were seen to be comfortable and at ease in their environment and interactions with staff. Activities were facilitated mostly on a one to one basis or in small groups. Residents commented positively on the activity provision in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern with the manager and they felt that they would be received positively in this respect.

There has been no change in the management of the home since the last inspection. A system of audits was in place in the home. Examples of such audits reviewed were, the management of IPC, environmental cleaning and care records. Where there were areas for improvement identified, action plans were in place with associated timeframes for completion.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

An inspection of the records of accidents and incidents which had occurred in the home found that these were managed correctly and in large reported appropriately. Accidents and incidents were monitored on a monthly basis to establish if there were any patterns or trends.

Confirmation of regular visits on the behalf of the Responsible Individual was provided in the form a monthly report on the quality of services and care provided by the home. Any concerns or actions were noted within the report with action completion dates recorded. Sample reports of visits on April and May 2021 were inspected and found to be maintained in informative detail. Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

There were good management systems in place to monitor the quality of care and services provided by the home and to drive improvement.

## **6.0 Conclusion**

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager / senior staff.

Residents were seen to be well cared for with supportive, kind interactions from staff. Care duties and tasks were organised and person centred. Feedback from residents was positive and there was an obvious nice rapport with staff and residents.

Evidence of good practice was found in relation to the management of infection prevention and control (IPC), comfort of the environment and feedback from staff in relation to managerial support and availability.



As a result of this inspection one area of improvement was identified in respect of the legionella risk assessment and the need for a time bound action plan to be submitted to RQIA detailing the actions taken with the recommendations made from this assessment. Details can be found in the Quality Improvement Plan included.

## 7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

The one area of improvement and details of the Quality Improvement Plan were discussed with Kate McBeth, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27(2)(t)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 June 2021</p>	<p>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.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            22/12/2020 Positive result received            22/12/2020 raised order to Trust Plumber to install filter/ or isolate, remove descale disinfect and reinstall tap            22/12/2020 order raised for resample on 04--01-2021 following work completion            13/01/2021 confirmation received by email work complete on 25/12/2020            18/01/2020 negative result received            20/01/2021 following negative result order raised to have filter removed            25/01/2021 Email received to confirm works have been completed on 21/01/2020</p> <p>09/02/2021 positive result received            09/02/2021 order raised to fit POU filter at outlet asap            10/02/2021 works completed 09/02/2021 confirmed via email this morning            10/02/2021 order raised for trust plumber to remove descale</p>

	<p>disinfect and reinstall filter at outlet 16/02/2021 remedial works confirmed completed via email to Estates Operation officer 16/02/2021 order raised for resample asap 01/03/2021 negative result received 01/03/2021 order raised to remove filter following negative result</p>
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