

# Unannounced Care Inspection Report 1 May 2018



## 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.rgia.org.uk](http://www.rgia.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 twenty three beds registered to provide residential care for persons with dementia and older people.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern HSC Trust  <b>Responsible Individual:</b> Shane Devlin	<b>Registered Manager:</b> Kathleen McBeth
<b>Person in charge at the time of inspection:</b> Kathleen McBeth	<b>Date manager registered:</b> 6 August 2013
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia	<b>Number of registered places:</b> 23

### 4.0 Inspection summary

An unannounced care inspection took place on 1 May 2018 from 10.20 to 16.00.

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 the environment, communication between the staff and the residents and the culture and ethos of the home.

Areas requiring improvement were identified in relation to the reporting of accidents and incidents and the monthly monitoring visits by the responsible person. One area requiring improvement was stated for the second time in regards to care plans.

Residents and/or their representatives said that there was an excellent standard of care provided in the home and the food was good.

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
<b>Total number of areas for improvement</b>	2	1

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 21 November 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 notification of accidents and incidents.

During the inspection the inspector met with ten residents, five care staff, two visiting professionals, one resident's representatives and the registered manager.

A total of ten questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. The staff were directed to complete an electronic questionnaire. Seven questionnaires were 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
- Two staff competency and capability assessments
- Staff training schedule/records
- One staff recruitment file
- Four resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Infection control register/associated records
- 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.
- Individual written agreement
- A sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or 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 21 November 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 21 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 15 (1) (a) <b>Stated:</b> First time	The registered person shall ensure that a robust assessment of need is completed for all residents.  <b>Ref:</b> section 6.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of four care records confirmed that there were assessments of needs completed.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 16 (1) <b>Stated:</b> First time	The registered person shall ensure that comprehensive care plans are in place to direct and inform staff in regard to care delivery.  <b>Ref:</b> section 6.5	<b>Not met</b>

	<p><b>Action taken as confirmed during the inspection:</b> A review of care records identified that the care plans were not reflective of the current needs of the residents. This area for improvement will be stated for the second time.</p>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b> <b>Ref:</b> Standard 19.2 <b>Stated:</b> Second time</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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A review of one staff personnel file who commenced working in the home following the last inspection confirmed that it contained a recruitment checklist.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 25.3 <b>Stated:</b> First time</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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A review of two staff competency and capability assessments confirmed these were signed by the registered manager when completed.</p>	

### 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. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of one completed induction record 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 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. Two completed staff competency and capability assessments were reviewed and found to be satisfactory. These were found to be reviewed annually. This was good practice.

Discussion with the registered manager and review of one staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

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

The adult safeguarding policy was reviewed at the previous inspection and found to be consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

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. Further adult safeguarding training was scheduled for September 2018.

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 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. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

The registered manager confirmed there were risk management policy and procedures in place.

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 record of the cleaning of individual equipment and aids verified this.

Discussion with staff established that they were knowledgeable and had understanding of infection prevention and control (IPC) policies and procedures. 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 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 any outbreaks of infection within the last year had been managed in accordance with the trust policy and procedures. The outbreak had been reported to the Public Health Agency, 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 June 2017. A review of this assessment has been scheduled for 15 May 2018.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire safety training is scheduled for 9 and 23 May 2018. Fire drills were completed monthly. 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. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Comments made by visiting professionals during the inspection were:

- “The staffing levels are good.”
- “The staffing levels are fine.”

Seven completed questionnaires were returned to RQIA from residents and resident’s representatives. Respondents 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 recruitment, induction, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home’s environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**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.

Four care records were reviewed. Care records included a life history, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis. However there were shortfalls identified. A review of one care record identified a resident who required specialist support from nutrition and dietetics. Whilst the care plan referred to their input, it did not reflect the detail required in the management of this area of need.

In addition one resident had experienced deterioration in their health and care needs. The care plan was not reflective of the current care needs of the resident. This area for improvement will be stated for the second time.

The care records also 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 by the level of knowledge displayed by staff in regard to the individual needs and preferences of residents.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

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 and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

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.

Comments made by staff during the inspection were:

- “There is good communication between the staff in regard to the provision of special diets for some residents.”
- “There is good teamwork.”

Comment made by a visiting professional during the inspection was:

- “There is good communication between the staff and the professionals. All information would be passed on appropriately and the staff are good at following direction.”

Seven completed questionnaires were returned to RQIA from residents and resident’s representatives. Respondents 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 care reviews, communication between residents, staff and other key stakeholders.

**Areas for improvement**

One area for improvement was stated for the second time in regards to care plans.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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, residents and/or their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives 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 care plans were in place for management of pain.

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives 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 and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representatives 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, residents' meetings, monthly monitoring visits suggestion box and annual reviews.

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, and/or their representatives, 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 some of the residents were completing word search puzzles while others were watching television. Some of the residents talked about outings that were undertaken from the home. There were individualised framed pictures displayed in the home which were completed by the residents with the activity coordinator.

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

Seven completed questionnaires were returned to RQIA from residents and resident’s representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied. One comment made on a returned questionnaire was:

- “I am well satisfied. I am here for life; its home from home.”

Comments made by residents during the inspection were:

- “I like it here. The food is good. I am very happy.”
- “I am very content here. The staff are all lovely. If I use the buzzer the staff always comes promptly.”
- “I think the food is very good.”
- “The staff have been fantastic, they are all so kind and very pleasant. I have really enjoyed being here.”

Comment made by a resident’s representative during the inspection was:

- “The standard of care provided here is excellent. Our experience of this home has been very positive. The staff are very respectful towards the residents.”

Comments made by visiting professionals during the inspection were:

- “Cloughreagh is an amazing, extraordinary place. There is a good stable staff team and the staff are all approachable.”
- The care provided in Cloughreagh is fantastic.”

Comments made by staff during the inspection were:

- “There is a good choice of food offered. Any individual needs and preferences are catered for.”
- “This is a warm, welcoming, family friendly environment. The home has a good reputation”
- “This is a caring environment.”

**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
<b>Total number of areas for improvement</b>	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 easily accessible by staff.

Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, the Statement of Purpose and the complaints procedure was displayed on the notice board.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of accidents/incidents/notifiable events was undertaken. It was noted that three incidents had occurred when medical intervention was required. Whilst these were managed appropriately, RQIA were not informed. This was identified as an area for improvement to ensure compliance with the regulations.

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.

The reports of the monthly monitoring visits undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 were reviewed. These reports were made available for residents, their representatives, staff, trust representatives and RQIA to read. However these reports stated that these visits were announced. This was identified as an area for improvement to ensure that these visits are unannounced.

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 visits.

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 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.

Seven completed questionnaires were returned to RQIA from residents and resident’s representatives. Respondents 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 complaints, quality improvement and maintaining good working relationships.

**Areas for improvement**

Two areas for improvement were identified in regards to accidents and incidents and the reports of the monthly monitoring visits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

**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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 June 2018	The registered person shall ensure that comprehensive care plans are in place to direct and inform staff in regard to care delivery.  Ref: section 6.5  <b>Response by registered person detailing the actions taken:</b> Completed 16.05.18
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 30 (1) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> 2 May 2018	The registered person shall ensure that RQIA are informed of any accidents/incident where medical advice or attention is sought.  Ref: section 6.7  <b>Response by registered person detailing the actions taken:</b> Senior Staff reminded to complete notification to RQIA as per Regulation 30 (1) (d) This has been addressed at supervision and at Team Meetings
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.11  <b>Stated:</b> First time  <b>To be completed by:</b> 2 May 2018	The registered person shall that the monthly monitoring visits completed by the registered provider are unannounced.  Ref: section 6.7  <b>Response by registered person detailing the actions taken:</b> This area for improvement has been discussed and shared with designated person undertaking monthly monitoring visits and compliance will be implemented within the the specified time frame.

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





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