

Unannounced Care Inspection Report 3 May 2016



Cloughreagh House

Address: Millvale Road, Bessbrook, BT35 7EH

Tel No: 028 3083 0520

Inspector: Laura O'Hanlon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Cloughreagh House took place on 3 May 2016 from 10.30 to 16.30.

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

Is care safe?

There were no requirements made in regard to safe care. One recommendation was made to ensure the adult safeguarding policy is reviewed to reflect the current regional guidance.

Is care effective?

There were no requirements or recommendations made in regard to effective care.

Is care compassionate?

There were no requirements or recommendations made in regard to compassionate care.

Is the service well led?

There were no requirements or recommendations made in regard to the service being well led.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the QIP within this report were discussed with Eileen Doak senior care assistant and Laura Doyle, senior care assistant, 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.

1.2 Actions/enforcement taken following the most recent care inspection medicinesmaininspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Southern Health and Social Care Trust	Registered manager: Mrs Kathleen Patricia McBeth
Person in charge of the home at the time of inspection: Nikki Byrne until 13.00 Eileen Doak until the end of the inspection	Date manager registered: 6 August 2013
Categories of care: I - Old age not falling within any other category DE – Dementia	Number of registered places: 23
Weekly tariffs at time of inspection: £494.00	Number of residents accommodated at the time of inspection: 16 and 3 day care users

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and the accident/incident notifications.

During the inspection the inspector met with 16 residents, two members of the ancillary staff, one member of the care staff and three senior care assistants.

The following records were examined during the inspection:

- Three care records
- Duty rota for week ending 22 April 2016
- Supervision and appraisal records
- A sample record of an induction programme
- Mandatory training records
- Policy on safeguarding
- Fire safety records
- Records of residents and staff meetings
- Records of audits
- Record of complaints
- Accident and incidents records
- Monthly monitoring reports

Ten resident questionnaires, eight staff questionnaires and four relatives'/representatives' questionnaires were issued as part of this inspection process.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 30 September 2015

The most recent inspection of Cloughreagh House was an unannounced medicines management inspection. No QIP was issued as a result of this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 11 August 2015

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The senior care staff 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.

Concern was raised by care staff members in regard to the current level of staff sickness in the home. In addition to this one member of staff is off on maternity leave. The staff reported that the increased workload was impacting on staff morale in order to maintain the appropriate staffing levels. The staff on duty also confirmed that senior management were aware of this issue and have taken steps to address this.

No concerns were raised regarding staffing levels during discussion with residents. On the day of inspection the following staff were on duty – two senior care assistants, two care assistants, one member of the domestic staff, two members of the catering staff and the administrator.

Review of a sample of a staff handbook and induction record and discussion with the staff on duty 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. The staff had completed additional training as well as mandatory training. Examples of additional training included training on transcribing, death and bereavement, falls prevention and dementia.

A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. The senior care staff confirmed that competency and capability assessments were undertaken annually 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.

Discussion with the senior care staff 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.

The home had a Trust adult safeguarding policy and procedure in place dated 1 August 2015. This policy included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The policy however did not reference the current regional guidance. A recommendation was made to ensure the adult safeguarding policy is reviewed to reflect the current regional guidance.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention 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 to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. Senior care staff confirmed that further adult safeguarding training was scheduled for September 2016.

Discussion with the senior care staff, review of accident and incidents notifications, review of care records and review of complaints 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.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges and bathrooms. The majority of residents' bedrooms were personalised with photographs, pictures, spiritual emblems and personal items. The home was fresh smelling, clean and appropriately heated. Discussion with a domestic assistant confirmed that daily work schedules were in place.

Inspection of 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 procedures. The senior care staff confirmed that an emergency box is in place to assist in the management of an outbreak within the home. This box contains a supply of aprons, gloves etc.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed in bathrooms.

The senior care staff confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior care staff identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments for example falls and nutrition were reviewed and updated on a regular basis or as changes occurred.

The senior care staff confirmed that a keypad entry system was used to access the building. Residents who were assessed as safe to leave the building unaccompanied were provided with the door code. A review of the Statement of Purpose and Residents Guide identified that this restriction was adequately described.

The senior care staff confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced. A record of this was available for inspection.

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. The home had recently completed a programme of redecoration and new furniture was purchased.

The senior care staff confirmed that the home had a fire risk assessment in place. A review of the fire safety risk assessment dated 30 April 2015, identified that any recommendations arising had been addressed appropriately. Records of emails were present to confirm that the registered manager had initially requested a date for a review of this assessment on 28 February 2016. The registered manager subsequently confirmed by email a review of this fire risk assessment was scheduled for 6 May 2016.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 8 April 2016 and records 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 and were regularly maintained.

Areas for improvement

One area for improvement was identified during the inspection. One recommendation was made to ensure the adult safeguarding policy is reviewed to reflect the current regional guidance.

Number of requirements:	0	Number of recommendations:	1
--------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

Discussion with the senior care staff established that the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. This was recorded within a contact sheet.

The senior care staff confirmed that records were stored safely and securely in line with data protection.

The senior care staff 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 falls, medication and environmental cleanliness were available for inspection. Further evidence of audits was contained within the monthly monitoring visits reports.

There were systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the senior care 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.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

The senior care staff confirmed that there was a culture/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, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

Residents, staff and observation of interactions demonstrated that residents were treated with dignity and respect. One comment made was:

“They are really lovely, they can’t do enough for you, nothing is a problem. They are very kind.”

Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

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. One resident commented:

“I am well looked after and see nothing wrong with the food. We had ten pin bowling on Friday.”

Arrangements were in place for residents to maintain links with their friends, families and wider community.

The senior care staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. 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.

The senior care staff confirmed that residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. Personal Emergency Evacuation Plans (PEEP) were available in large print, braille, electronic and audio versions.

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.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

Residents confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

The senior care staff confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently should changes occur.

Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide. The complaints procedure was displayed on the notice board in the front hall. On admission the residents are issued with a leaflet regarding complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

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 this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. An example of this was following an audit of falls in the home, the flooring was replaced and staff advised this had reduced the amount of falls.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. The senior care staff confirmed that they devised a quality improvement plan within the home to seek residents views as to what is done well and what could have been done better in order to improve services.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

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.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The senior care staff confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration was displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the senior care staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The senior care staff confirmed that there were effective working relationships with internal and external stakeholders. The senior care staff confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

Following the inspection the manager forwarded information relating to a nomination for social work awards in respect of her leadership in the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Eileen Doak senior care assistant and Laura Doyle, senior care assistant, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 3 August 2016</p>	<p>The registered provider should ensure the adult safeguarding policy is reviewed to reflect the current regional guidance.</p> <p>Response by registered person detailing the actions taken: The Registered Manager has reviewed the Safeguarding procedures for residential care and can confirm that these now reflect the current regional guidance.</p>
--	--

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews