Unannounced Care Inspection Report
4 June 2019

Cloughreagh House

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

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

1.0 What we look for

2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Southern Health and Social Care Trust **Responsible Individual:** Shane Devlin	**Registered Manager and date registered:** Kathleen Patricia McBeth – 6 August 2013
Person in charge at the time of inspection: Helen Devlin, senior care assistant until 14.00 Kate McBeth, registered manager after 14.00.	**Number of registered places:** 23 Category of care DE for three identified persons already living in the home. The home is approved to provide care on a day basis only to 10 persons.
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	**Total number of residents in the residential care home on the day of this inspection:** 13

4.0 Inspection summary

An unannounced inspection took place on 30 May 2019 from 10.25 to 16.00.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction and training, management of adult safeguarding, communication between residents and staff and the management of accidents and incidents.

Residents described living in the home as being a good experience in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others/staff.

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Kate McBeth, registered manager, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent inspection dated 19 November 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 19 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

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

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

The following records were examined during the inspection:

- staff duty rotas
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff training schedule
- two staff recruitment and induction records
- three residents' records of care
- complaint records
- staff supervision and appraisal schedules
- fire safety records
- policy on adult safeguarding and whistleblowing

- a sample of governance audits/records
- accident/incident records
- monthly monitoring reports from February to May 2019
- RQIA registration certificate

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 outstanding areas for improvement from previous inspection

Areas of improvement identified at previous care inspection have been reviewed. All of the areas for improvement were met.

6.2 Inspection findings

6.3 Is care safe?

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

We spoke with the residents in the home. We were informed that they felt safe in the home and that there were sufficient staff on duty. One resident commented positively on her earlier discussion with a member of the domestic staff:

- "I had a really lovely chat there with the domestic, it was great. It really meant a lot to me."

The residents further advised that if they required assistance, all they have to do is ask and it would be provided in a timely manner; day or night. Discussion with the staff on duty confirmed they were satisfied with the staffing arrangements in the home and that the planned staffing levels were maintained. The registered manager confirmed the staffing levels in the home and advised that they are reviewed in accordance with the needs and dependencies of the residents. Observations during the inspections verified that residents' needs were met in a prompt, compassionate manner.

A review of the duty rota confirmed that the manager's hours were recorded and that it accurately reflected the staff working in the home. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the residents and to support the care staff. The person in charge of the home in the absence of the manager was identified. We reviewed two staff competency and capability assessments and found these were completed for any person in charge of the home in the absence of the manager.

We reviewed two staff recruitment records and identified that these records were retained in a central location for employees of the organisation. However the registered manager retained in each file, a checklist which confirmed that the appropriate pre-employment checks had been completed prior to the staff member commencing in post. All staff were properly vetted and suitable to work with the residents in the home.

A review of two induction records confirmed that there was a structured orientation and induction programme in place upon commencement of employment in the home. Staff spoke positively in relation to the induction process. New staff were supervised by senior staff, they received their full mandatory training before they started their duties and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC).

The registered manager confirmed that regular checks were completed to ensure that care workers maintained their registration with Northern Ireland Social Care Council (NISCC) register and that no restrictions to their employment had been identified.

Staff also told us that they received supervision every six months or more often if necessary and an annual appraisal. A review of the planned schedule for supervision and appraisals confirmed this to be accurate.

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training. The registered manager told us that the care staff got training in all of the core areas every year and that all staff attended a fire drill at least annually.

We discussed adult safeguarding. Review of the adult safeguarding policy confirmed that it reflected the current regional policy and procedures. There was an adult safeguarding champion working in the home. The staff spoken with were knowledgeable in regards to the adult safeguarding principles and the reporting arrangements. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

The manager was able to describe how safeguarding referrals would be made to the relevant trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

A review of the records of staff training confirmed that training in adult safeguarding was provided for all staff. Discussion with the registered manager, review of accidents and incidents notifications, care records and complaints confirmed there was no current safeguarding in the home.

A general walk around the home was undertaken. The home was found to be warm and clean. Bedrooms were tastefully personalised with photographs and personal items. There were no malodours identified.

There was a communal lounge for the use of residents along with a dining room and a conservatory. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

Staff were observed adhering to Infection Prevention and Control (IPC) best practice standards throughout the inspection. Gloves and aprons were readily available for staff and they were used appropriately while attending to resident's needs. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities.

There was a fire safety risk assessment in place dated 24 May 2019. Review of records confirmed that regular fire drills were completed and fire safety checks of emergency lighting, fire equipment were undertaken in agreement with the fire risk assessment.

Comments made by residents and staff during the inspection were:

- "I feel safe in here." (resident)
- "This is a really good home, well organised and clean." (resident)
- "The staffing levels are fine; there are enough staff on duty." (staff)
- "There are adequate staff on duty to meet the names of the residents." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, adult safeguarding, infection prevention and control and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

We reviewed three care records they included an up to date assessment of needs, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. The care records reviewed also reflected the multi-professional input into the residents' health and social care needs and were updated regularly to reflect the changing needs of the individual residents.

Staff were able to describe in detail the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work. Feedback from both the registered manager and staff confirmed that there was a handover meeting at the beginning of each shift; staff stated that they were able to discuss and review the ongoing needs of the residents at these meetings. A member of staff said;

- "There is really good communication among the staff team both on admission and at each handover. There is good information provided form the multi-disciplinary tam to help us achieve positive outcomes for the residents."

The registered manager told us about falls management in the home and we were assured that the procedure and practice was good. Care records evidenced falls risk assessments in place and evidence that following a recorded fall; the post falls protocol was followed and the supporting documentation for example updated care plan and risk assessment were present. The manager and staff were aware of how they could get professional advice from medical or trust staff.

A varied and nutritious diet was provided to meet the dietary needs and preferences of the residents. There were systems in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

We could see that the dining room was spacious and clean. Staff and residents were able to describe how alternative choices were available if residents wished. We could see that the portion sizes at lunch time were good and there was a variety of cold drinks available. The lunch service was relaxed but well organised. The residents said that they enjoyed the food in the home.

Comments made by residents and staff during the inspection were:

- "The food is really good and we always get a choice. You can get tea or coffee anytime you want." (resident)
- "The staff are very friendly and kind. If I want anything; they always come quickly." (resident)
- "This is a good staff team who are all cooperative and work well together." (staff)
- "I am very happy at my work and I really enjoy meeting all the residents and getting to know them." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, reviews and communication between residents and staff.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We observed that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents easily interacting with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to. The registered manager confirmed that the staff in the home promoted a culture and ethos that supported the values of dignity and respect. A member of staff commented;

- "This home strives to give the best care whilst respecting the integrity and dignity of the residents in the home."

Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home; for example, residents can attend their preferred place of worship if they so wish. Information was displayed in the home for residents for example regarding the daily menu. Residents could also make choices on a daily basis regarding their preferences at meal times.

During the inspection we observed the residents and staff enjoying playing bingo. All of the residents were engaged in this activity. This activity created stimulation, great conversation and fun between the residents and the staff. The staff were observed supporting the residents who required assistance. One resident commented that they really enjoyed the activities in the home.

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed, whether they liked to be checked during the night, how they like to be helped with care and how they choose what to wear.

We were advised by residents that they were listened to, valued and communicated with in an appropriate manner. We were further advised by residents that their opinions were taken into account in all matters affecting them.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were supported both inside the home and in the local community to maintain a good quality of life. When residents leave the home they are asked to leave written feedback in regards to their experience. One recorded comment was: "The service exceeded my expectations. I felt very safe and secure with all the staff; they were instrumental in my recovery."

Comments made by residents and staff during the inspection were:

- "I am so happy in here. This is one of the best." (resident)
- "This is a very good place, all the staff are very kind." (resident)
- "This is a good home. There is a really good standard of care provided to the residents. We always receive positive feedback when residents leave this home." (staff)

- "Everyone brings different strengths to the table. Everyone is willing; staff go above and beyond their job." (staff)

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Staff in the home said that they got good support from the registered manager who was supportive and approachable. One staff member stated:

- "Kate (registered manager) leads by example. Kate makes you want to give the best and to be the best you can be. Everything is done to a high standard and she is very supportive."

The registered manager described how the focus of care in the home was to support the residents as best as possible. Residents and staff advised that the manager was always available to talk to. The manager's hours were clearly recorded on the duty rota.

The registered manager confirmed there were a number of managerial audits completed in the home on a regular basis including, for example, cleaning audits, medication, care records, accidents and incidents and complaints. The registered manager advised any areas for improvement identified as a result of the audits were actioned appropriately. The registered manager maintains oversight in the home of staff supervision, annual appraisals and staff training to ensure staff are equipped to do their jobs. The registered manager confirmed that systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

We reviewed the system in place to deal with complaints raised by residents, their family members or others. Residents told us that they knew how to make a complaint and staff shared that they would not hesitate to raise issues with the manager, if needed. We looked at the records of complaints since the last inspection. Records included the detail of the complaint, the outcome of the investigation, the action taken and if the complainant was satisfied with the response and outcome to their complaint.

Compliments were also recorded and shared with staff. Staff confirmed that they were aware of the homes whistleblowing procedure.

We reviewed the system in place for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. Records reviewed were found to be reported appropriately.

There was a training matrix in place which showed completion of mandatory training and other additional training related to resident's needs. Best practice guidance, for example the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents.

The registered manager advised there were regular staff meetings and that information was shared with the staff team about any issues arising. Records available in the home confirmed this.

The home was visited by the registered provider's representative each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits from February to May 2019 and found that these were satisfactory. The reports showed evidence of engagement with residents, and staff to get their views on the care in the home; as well as reviewing complaints and information relating to accidents and incidents, safeguarding, the environment and a selection of records maintained in the home. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

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

A comment made by a staff member during the inspection was:

- "Kate is brilliant as a leader; she has a great approach to the residents, she is so caring and friendly to them." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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

The Regulation and Quality Improvement Authority

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