



The Regulation and
Quality Improvement
Authority

Cloughreagh House
RQIA ID: 1558
Millvale Road
Bessbrook
BT35 7EH

Inspector: Laura O'Hanlon
Inspection ID: IN22213

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**Unannounced Care Inspection
of
Cloughreagh House**

11 August 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 11 August 2015 from 10.30 to 16.15. On the day of the inspection the home was found to be delivering safe, effective and compassionate care.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Southern Health and Social Care Trust	Registered Manager: Kathleen McBeth
Person in Charge of the Home at the Time of Inspection: Nikki Byrne until 2.30pm Kate Mc Beth after 2.30pm	Date Manager Registered: 06/08/2013
Categories of Care: RC-I, RC-DE	Number of Registered Places: 23
Number of Residents Accommodated on Day of Inspection: 20	Weekly Tariff at Time of Inspection: £480.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

4. Methods/Process

Prior to inspection we analysed the following records: returned QIP from the last care inspection and notifications of incidents and accidents.

We met with 17 residents, one relative, four care staff and the registered manager. We inspected the following records: four care records, accident / incident reports, fire safety records, complaints/compliments and policies and procedures available relating to dying and death and continence management.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 26 March 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (4) (a)	<p>The registered person shall have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed.</p> <ul style="list-style-type: none"> The registered person shall ensure that an up to date fire risk assessment is completed. <p>Action taken as confirmed during the inspection: A current fire risk assessment was available in the home dated 17 April 2015.</p>	Met
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 10.1 and 10.2	<p>The registered manager should confirm that the guidance "Responding to Residents Behaviour" has been reviewed to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).</p> <p>Action taken as confirmed during the inspection: The policy on "Responding to Residents Behaviour" was reviewed in April 2015 and reflected the DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).</p>	Met
Recommendation 2 Ref: Standard 13.1	<p>The registered manager should confirm that the policy on activities has been reviewed.</p> <p>Action taken as confirmed during the inspection: A policy was available in the home on the provision of activities dated April 2015.</p>	Met

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

The registered manager confirmed to us that residents can and do spend their final days in the home unless there are documented health care needs to prevent this. The registered manager and staff shared their experiences of recent deaths in the home.

The home had a spiritual ethos. Clergy and lay ministers visited the home throughout the week on a regular, planned basis. Such visits were consistently recorded within residents care records.

In our discussions with the registered manager and staff we confirmed that arrangements can be put in place so that spiritual care can be made available for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so if the resident wishes. Following a death, the body of the deceased resident is handled with dignity and respect and in accordance with his or her expressed social, cultural and religious preferences. The staff shared their experiences of dealing with a deceased resident.

We reviewed a sample of compliment letters and cards. Some of these were received from families of deceased residents. In these correspondences there were nice messages of praise and gratitude for the compassion and kindness received during this period of care. This included welcoming relatives to the home with provision of refreshments and kind, caring staff interactions.

We noted that within the home's policy, when a death of a resident occurs, the resident's next of kin or family deal with the deceased resident's belongings. This is attended to, at a sensitive and convenient time after the death of the resident.

Is Care Effective? (Quality of Management)

We noted that the home had a written policy in place on dealing with dying and death.

The registered manager and staff confirmed to us that the district nursing service attached to the home would lead in the management of palliative care.

The registered manager confirmed that training is scheduled for care staff on 8 and 15 October 2015.

We noted that detailed end of life care plans were in place. These care plans detailed the wishes of the resident or representative following their death. Spiritual and cultural wishes were recorded within this record. This document was signed by the resident and/or their representative. This practice is to be commended.

Is Care Compassionate? (Quality of Care)

In our discussions with staff and the registered manager they shared their experience of a recent death in the home. Staff confirmed that the relatives were treated in a sensitive manner. Staff advised us that the relatives were given space and privacy immediately following the bereavement.

In our discussions with staff they demonstrated to us that they had knowledge and understanding in this area of care. Staff also confirmed to us that there was a supportive ethos within the management of the home, in helping residents and staff deal with dying and death.

The registered manager and staff advised us that residents were informed of the death of a fellow resident individually and in a sensitive manner. In our discussions with the staff they confirmed that residents were assisted to visit the deceased resident if they so wished.

Areas for Improvement

There were no areas of improvement identified with the standard inspected. Overall, this standard is assessed to be met.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional Areas Examined

5.4.1 Residents Views

We met with 17 residents and 2 services users who attended day care. We observed residents relaxing in the communal lounge area. The hairdresser had visited the home earlier in the morning. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and their relationship with staff. Residents were praising of the staff. Some comments made were:

- “I am well looked after here”
- “This is what I call home from home”
- “I love it in here I am very happy”

5.4.2 Staff Views

We spoke with four staff members individually, in addition to the registered manager. Staff advised us that they felt well supported in their respective roles. In particular staff praised the support provided by the registered manager. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents. Some comments made by staff were:

- “I am very happy working here. This work is wonderful”
- “If any relative of mine needed care, this is the place they would be. There is a good staff team and we all work well together”
- “Everybody here is really nice and approachable”

Ten staff questionnaires were distributed during the inspection. None were returned within the required timeframe.

5.4.3 Relatives Views

We spoke with one relative. She commented on the excellent care provided in Cloughreagh House. She indicated total satisfaction with the provision of care and life afforded to her relative and complemented staff in this regard.

5.4.4 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be homely and personalised. Décor and furnishings were found to be of a good standard. A programme of redecoration has been completed within a sitting room and an upstairs bathroom in the home.

5.4.5 Care Practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. We observed residents to be well dressed.

5.4.6 Accidents / Incident reports

We reviewed accident/incident records from the previous inspection and found these to be appropriately managed and reported.

5.4.7 Fire Safety

We confirmed that the home's most recent fire safety risk assessment was dated 17 April 2015.

We reviewed the fire safety records and could confirm that fire safety training was undertaken on 26 May and 9 June 2015. The registered manager confirmed that a fire drill took place on 11 March 2015. This was also recorded within fire safety records.

The records identified that different fire alarms have been tested weekly with written records maintained. There was no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

5.3.8 Complaints /Compliments records

Following an inspection of complaint records and in our discussion with the acting manager we confirmed that complaints had been managed appropriately.

Areas for Improvement

There were no areas of improvement identified within these additional areas inspected.

Number of Requirements	0	Number of Recommendations	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Kate Mc Beth	Date Completed	17/08/15
Registered Person	Angela McVeigh	Date Approved	17/8/15
RQIA Inspector Assessing Response	Laura O'Hanlon	Date Approved	9.9.15

Please provide any additional comments or observations you may wish to make below:

****Please complete in full and returned to care.team@rqia.org.uk from the authorised email address****

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.