



Announced Care Inspection Report 14 September 2020



Cloughreagh House

Type of Service: Residential Care Home (RCH)
Address: Millvale Road, Bessbrook, Newry, BT35 7EH
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Inspector: Nora Curran

www.rqia.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.

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 residential care home registered to provide residential care for up to 23 residents.

3.0 Service details

Organisation/Registered Provider: Southern Health and Social Care Trust (SHSCT)	Registered Manager and date registered: Kathleen Patricia McBeth
Responsible Individual: Shane Devlin	
Person in charge at the time of inspection: Kathleen McBeth	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.	Number of residents accommodated in the residential home on the day of this inspection: 7

4.0 Inspection summary

An announced inspection took place on 14 September 2020 from 10.00 to 13.30 hrs. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- Staffing
- Management arrangements
- Governance systems
- Infection Prevention and Control (IPC)
- Nutrition
- Quality of life for residents
- Quality improvement.

Residents consulted with spoke in positive terms about living in Cloughreagh House and some of their comments can be found in the main body of this report. Residents who could not verbally communicate appeared comfortable and relaxed in their environment.

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 Kathleen McBeth, manager, as part of the inspection process and can be found in the main body of the report.

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

5.0 How we inspect

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Duty rotas from 13 August 2020 to 27 August 2020
- Statement of Purpose
- Residents' Guide
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports from June and July 2020
- Complaints and compliments records
- Incident and accident records
- Minutes of residents'/relatives'/staff meetings
- Activity planner from July 2020
- Three residents' nutritional care records.

During the inspection RQIA were able to consult with residents and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents and residents' representatives and staff. Ten patients' questionnaires and ten residents' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

We received completed questionnaires from one resident, one relative and one staff within the timeframe allocated for this inspection. All three returns indicated that they were "very satisfied" that care was safe, effective, compassionate and that the service was well led.

Following a review of the information submitted to RQIA, the inspection took place via teleconference with Kathleen McBeth, manager.

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 previous inspection(s)

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 16 December 2020.

There were no areas for improvement identified and no further actions were required to be taken following this inspection.

6.2 Inspection findings

6.2.1 Staffing

The manager confirmed the staffing levels and skill mix at the start of the inspection and affirmed that current staffing arrangements were more than adequate to meet the residents' needs in a safe and effective manner. The manager explained that resident dependency levels are regularly reviewed in conjunction with the Southern Health and Social Care Trust (SHSCT) rehabilitation team and staffing levels are adjusted to reflect this. Due to the COVID-19 pandemic the home saw a significant reduction in admissions for rehabilitation and the lower occupancy was reflected in the staffing levels. Staff and residents spoken with, expressed that they were happy with the staffing arrangements in the home.

We found that staff were compliant with mandatory training, although due to the pandemic this was being delivered via e-learning and/or video sessions. One staff member expressed that they found this learning format to be more difficult but overall staff said that they were provided with adequate training and learning opportunities. In addition to e-learning sessions the manager explained that practical demonstration sessions were often used as a learning exercise, e.g. with moving and handling manoeuvres, where staff were then observed by senior care assistants and given feedback. These learning sessions were recorded as part of the staff supervision records. Staff told us that they were given time to complete training when needed. The manager confirmed that a training matrix is maintained to ensure senior oversight of mandatory training needs. There was also a plan in place to reintroduce face to face training sessions in a safe way using social distancing; this will begin with fire safety sessions later this year. Records showed that staff received annual appraisals and a minimum of two supervision sessions per year. During discussions staff were asked about safeguarding of vulnerable adults and seemed knowledgeable in relation to the policy. Staff also said they felt confident and comfortable enough to raise any concerns relating to resident care.

We reviewed the records from the last two staff meetings which we found to be robust and detailed as they included attendance lists, areas discussed, actions required and the persons responsible for each action. Some of the topics covered in the most recent staff meeting included; COVID-19 guidance, training arrangements, home improvements, and Northern Ireland Social Care Council (NISCC) registrations. Staff were also thanked for their work and the meeting was opened with an opportunity for staff to express their thoughts and feelings on the new ways of working during the COVID-19 pandemic.

Residents said:

- “There seems to be enough of them and they are very attentive.”
- “They are very friendly and go out of their way to help.”

Staff said:

- “We are well covered.”
- “Everyone knows their job and are trained in what they need.”
- “Our training is kept up to date.”
- “I see staff in respectful interventions...residents are given choice and consent is obtained...it's person centred with dignity.”
- “We get good experience and are encouraged to learn and expand our roles.”
- “Its excellent, we have a strong team and good skills and all credit to the staff group, with all the changes due to COVID everyone has adapted well...our work is rewarding.”

6.2.2 Management arrangements

Management arrangements were unchanged from the last inspection. There was a clear organisational structure in place and on call arrangements were communicated to the staff on the duty rota. The person in charge of each shift was on display at the main entrance to the home.

We looked at the Statement of Purpose and Resident's Guide which were primarily easy to read, informative and comprehensive. However an error was noted in relation to the complaints procedure which was corrected immediately by the manager. We later received assurances that the amended Statement of Purpose was in place and available for residents and their representatives.

Staff told us:

- “We have plenty of support.”
- “We are listened to; Kate (manager) looks for our opinions...so we feel our opinions are counted and valid.”
- “Kate was very welcoming when I started.”
- “We are allowed to take and make the most of opportunities.”
- “The quality of care we give emanates from her (manager)...she treats us well and this passes on to the residents.”

A resident said, “Kate is very helpful.”

6.2.3 Governance systems

Prior to the inspection we requested a sample of governance records, namely; infection prevention and control (IPC) audits, hand hygiene audits, registered provider monthly monitoring reports, accident and incident analysis, care record audits, and complaints analysis.

The findings from IPC related audits can be found in section 6.2.4 of this report.

The monthly complaints records showed that no complaints were received in 2020 to date. The accident and incidents analysis was completed monthly and commented on falls trends and outcomes. A cross reference exercise confirmed that any notifiable events were reported to the appropriate bodies.

The registered provider monthly monitoring visits for June and July 2020 were reviewed. They were unannounced, included staff and resident consultation and concluded with an action plan which was shared with the manager for continued improvement.

Care record audits showed that a different resident's records were audited by the manager each week. While the audit detailed the exact criteria looked at and if actions were required, the audit did not evidence completion of these actions by the key worker. Following discussion with the manager it was agreed that this audit would be strengthened with the inclusion of key worker completion. The audit template was amended before the end of the inspection and the manager gave assurances that this change would be communicated to all relevant staff.

6.2.4 Infection prevention and control (IPC)

The manager confirmed that the home has remained free of COVID-19 throughout the pandemic. IPC related audits were completed monthly and they looked at the environment, equipment such as commodes, hand hygiene and personal protective equipment (PPE). The audit findings showed a good standard of IPC in all areas. This was attributed to the staffing levels which allowed for enhanced cleaning regimes. The hand hygiene audits detailed observations of eight staff per month and indicated good practice and knowledge. The PPE audits evidenced that the home had adequate supply of PPE and appropriate use by staff.

Staff presented as confident in their knowledge of IPC standards and made specific reference to the COVID-19 Guidance for Nursing and Residential Care Homes in Northern Ireland. Staff entered and exited the home via separate routes which had PPE donning and doffing stations positioned for efficient use. The manager confirmed that the home was engaging with the regional planned and regular COVID-19 testing programme and all relevant staff were now trained and competent in obtaining swab samples.

As a result of a recent risk assessment and in line with the COVID-19 Regional Principles for Visiting in Care Settings in Northern Ireland, the manager closed the home to indoor visiting. The home made arrangements for alternative means of communication between residents and relatives through the use of cordless phones and tablets, and staff were made available to assist residents when required. The manager acknowledged that the network coverage in some parts of the building was not good but they were planning to strengthen the Wi-Fi signals so that the tablets could be used in all areas. The manager confirmed that all relevant persons were informed of the current visiting policy and planned to review the risk assessment on a regular basis.

In relation to IPC residents said:

- "I very much feel safe...it can be hard with the girls wearing masks sometimes but all and all it's very good."
- "Every day they are cleaning...excellent, the place is spotless."

In relation to keeping in touch with family and friends residents said:

- “I get messages (from family) at the door or on the phone.”
- “Sometimes the mobile phone loses connection but I can go to the office to use that phone too.”

Staff said:

- “I feel safe at work...we have all the PPE we need...we also have occupational health support if we ever had concerns.”
- “We work together as a team to ensure all the right measures are in place.”
- “We had PPE training.”
- “I feel more safe in work than I do in the shops.”
- “We are kept up to date with any new guidance, it gets printed off for the folder, we get emails and we also talk about it.”
- “Everyone uses the PPE right.”
- “There are also posters and notices up with the guidance stuff.”

6.2.5 Nutrition

We reviewed three residents’ nutritional care records. Each resident had a nutritional risk assessment completed monthly which informed a plan of care. Recommendations from dietetics, and speech and language therapy were clearly stated in the care plans, which were also person centred.

We looked at food and fluid intake records for all three residents over three consecutive days. While the records were maintained well it was noted that the term “normal” was used several times when referring to dietary needs. This was discussed with the manager and agreed that only approved International Dysphagia Diet Standardisation Initiative (IDDSI) terminology should be used. Before the end of the inspection the manager had amended the food and fluid records template to include the IDDSI levels and terminology for staff reference. The manager provided assurances that this would be addressed immediately with all relevant staff. This will be reviewed at the next inspection.

We reviewed the menus for July and found them to be varied in choice.

Residents said:

- “The food is very good, good variety, it’s healthy and you get plenty of it.”
- “I’m being spoilt, even during the night I get tea and whatever I want.”
- “The food is lovely.”

6.2.6 Quality of life for residents

During the inspection we took a virtual walk round of the home using video technology. We viewed the main entrance which had relevant information notices neatly displayed and IPC measures in place, such as COVID-19 guidance and hand sanitiser. We viewed some corridors and fire exits which appeared clean and clear of obstructions. The communal areas were clean, tidy and well lit. Communal bathrooms looked clean and free of inappropriate storage.

Provisions were made to encourage social activities for residents over the seven day week, this included Boccia, strength and balance exercise sessions, reminiscence, quizzes and games, religious and spiritual services, and beauty/grooming sessions. Time was allocated for one to one social sessions for those residents who did not wish to avail of group activities, or those who were on fourteen day self-isolation as per COVID-19 guidance.

Residents spoke in positive terms when describing life in Cloughreagh House. Comments included:

- “Couldn’t be better...very satisfied...I’m still isolating.”
- “It’s a pleasant surprise; they are so good...superb.”
- “Everything is lovely.”
- “No place like home but here is lovely.”

When asked about the quality of care provided to residents, staff in various roles including non-direct care roles said:

- “Residents seem very happy with the care.”
- “The care is excellent.”
- “Very good...I would have no concerns...everyone is treated well and we give the best we can.”

6.2.7 Quality improvement

The manager confirmed that they had recently completed some refurbishment which included a new dining/break area for staff. It was felt that a new area for staff was important for general health and welfare during the pandemic. This area contained comfortable seating, TV, refreshments, and access to the garden.

The new space allocated for staff breaks was originally part of a dining area for residents but was not in use because of the reduced occupancy in the home. RQIA were not made aware of this temporary change in use of the room. Following this inspection arrangements were made for the aligned RQIA inspector to liaise with the manager to ensure the home continued to operate within the relevant standards for premises.

A number of other areas had been identified in the manager’s self-assessment prior to the inspection and plans were underway to address these areas. They included; strengthening the links between residents, friends and family through technology. The home had already purchased a new tablet and they were working to improve the Wi-Fi. Televisions had also been installed in each bedroom following a review of resident choice. They had also developed a new questionnaire specific to short stay residents and had implemented this in practice.

As stated, the manager had also addressed and corrected several minor anomalies during the inspection, namely; a correction in the complaints procedure published in the Statement of Purpose (see section 6.2.2), a strengthening of the care audits document (see section 6.2.3), and the inclusion of IDDSI terminology on the food and fluid intake records (see section 6.2.5).

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Areas of good practice were observed in relation to staffing levels and availability, Infection Prevention and Control (IPC) and leadership. Resident experience overall was positive.

In addition the manager and senior staff were open to discussions on ways to improve the service and responded promptly and assuredly to the anomalies found.

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.



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