



# Unannounced Care Inspection Report 19 November 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**

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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 registered to provide care and accommodation for 23 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern Health and Social Care Trust  <b>Responsible Individual:</b> Shane Devlin	<b>Registered Manager:</b> Kathleen Patricia McBeth
<b>Person in charge at the time of inspection:</b> Kathleen Patricia 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  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.

### 4.0 Inspection summary

An unannounced care inspection took place on 19 November 2018 from 10.30 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 staff recruitment and induction, training and the management of incidents. Good practice was also found in relation to communication among the staff team and the staff knowledge of individual residents' needs.

One area requiring improvement was identified in relation to ensuring that cords attached to window blinds are secured to the wall.

Residents and one representative spoken with said:

“This place is excellent; it has really helped me to build up my confidence. I am coming on every day.” (resident)

“The home is very welcoming when I come in.” (representative)

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>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Kathleen 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 1 May 2018.

## 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, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager/person in charge, ten residents, five staff, two visiting professionals and one resident's visitor/representative.

A total of five questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Five questionnaires were returned by residents and residents' representatives within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- One staff file
- Three residents' care files
- The home's Statement of Purpose
- Minutes of staff meetings
- Complaints and compliments records
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings
- Reports of visits by the registered provider

- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

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 1 May 2018

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 1 May 2018

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 16 (1) <b>Stated:</b> Second time	The registered person shall ensure that comprehensive care plans are in place to direct and inform staff in regard to care delivery.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of three care records confirmed that there were comprehensive care plans in place to inform staff in regard to care delivery.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 30 (1) <b>Stated:</b> First time	The registered person shall ensure that RQIA are informed of any accidents/incident where medical advice or attention is sought.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the records of accidents and incidents confirmed that RQIA were informed where medical advice or attention was sought.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.11  <b>Stated:</b> First time	The registered person shall that the monthly monitoring visits completed by the registered provider are unannounced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the records of the monthly monitoring visits completed by the registered provider confirmed that these were unannounced.	

### 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 advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary staff were used in the home. The registered manager stated that the use of temporary staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

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

A review of completed induction records 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 annual appraisal of staff was regularly provided. Schedules of training and staff supervision were reviewed during the inspection and noted to be satisfactory.

Discussion with the registered manager 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 registered manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

The registered manager advised 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. Evidence contained within the staff file reviewed confirmed that the registered manager was provided with a recruitment checklist to ensure they have oversight of the process.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that there was no current safeguarding investigations in the home, however any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained prior to admission.

The registered manager advised there were restrictive practices within the home, notably the use of a keypad entry system. This restrictive practice was described in the statement of purpose and residents' guide.

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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to infection prevention and control (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 and RQIA with appropriate records retained.

The registered manager reported that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents’ bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. It was noted during the inspection that the cords from window blinds were not secured to the wall. This was identified as an area for improvement to ensure this matter is addressed.

Inspection of the internal and external environment identified that the home was 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. No malodours were detected in the home.

It was established that there were residents in the home who smoked. A review of the care records of one of these residents identified that there was no risk assessment and corresponding care plan in place. During discussion with the registered manager they advised that the relevant risk assessment and care plan was completed but that it must have been placed in an older file. The registered manager confirmed by email following the inspection that the relevant documentation was in place.

The home had an up to date fire risk assessment in place dated 29 May 2018 and all recommendations had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes identified. Fire safety records evidenced that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained.

Residents, staff and visiting professionals spoken with during the inspection made the following comments:

- “I cannot speak highly enough, staff are excellent at supervision and trying to prevent falls.” (resident)
- “The staffing levels are good. We completed recent training on adult safeguarding, fire safety training and infection prevention and control.” (staff)
- “The staffing levels are satisfactory and they are adjusted accordingly.” (staff)
- “The staff are excellent.” (visiting professionals)

Five completed questionnaires were returned to RQIA from residents and residents’ 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, training and appraisal, infection prevention and control, risk management and the home’s environment.



**Areas for improvement**

One area for improvement was identified during the inspection to ensure that the cords from window blinds are secured to the wall.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**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.

Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

A review of three care records confirmed that these were in compliance line with the relevant legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. During the review of the care records it was noted that these records did not contain risk assessments particularly in relation to nutrition and falls. This was discussed with the registered manager who advised that the relevant risk assessments were completed but that it must have been placed in an older file. The registered manager confirmed by email following the inspection that the relevant documentation was in place.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. 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 and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Systems were 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 dieticians 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.

Discussion with the registered manager and staff confirmed that wound care was managed by community nursing services.

The registered manager advised 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. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports and resident meeting minutes were on display in the main foyer of the home.

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.

Residents, staff and visiting professionals spoken with during the inspection made the following comments:

- “This place is excellent; it has really helped me to build up my confidence. I am coming on every day. The food is really lovely, I am eating too much. The staff are excellent and all I have to do is use the buzzer.” (resident)
- “The staff are excellent and they couldn’t do enough for you. The food is very good, much better than what I have had in other places.” (resident)
- “We all work well as a team.” (staff)
- “We all help each other out, there is good teamwork. The work is spread out evenly and all information is recorded and passed on.”
- (staff)
- “There is good communication and follow up between ourselves and the staff team here through phone calls and emails.” (visiting professionals)

Five completed questionnaires were returned to RQIA from residents and residents’ 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 records, reviews and communication between residents, staff and other interested parties.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 6.6 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 advised 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.

The registered manager and residents advised that consent was sought in relation to care and treatment. Discussion with staff, observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and the need to protect residents' confidentiality.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. 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 the identification and management of pain, falls, infection, nutrition, where appropriate.

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; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, suggestion box and visits by the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read.

Discussion with staff, residents and one representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. During the inspection the hairdresser was present in the home. Later in the morning a number of residents were observed playing bowls, while others relaxed and watched television. It was noted during the inspection where the staff were respectfully asking all the residents to decide whether or not to participate in the activities.

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

Residents, staff, visiting professionals and one resident's visitor/representative spoken with during the inspection made the following comments:

- "I am very happy here and well looked after." (resident)
- "The home is very welcoming when I come in." (representative)

- “The staff are excellent and there is good care provided here. The staff are very accommodating to the residents and they don’t want to leave when they have to return home.” (visiting professionals)
- “This is a good home and I would be happy to live here myself.” (staff)

Five completed questionnaires were returned to RQIA from residents and residents’ 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 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 and stated that 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.

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of information on display in the home.

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. Arrangements were in place to share information about complaints and compliments with staff, as appropriate, and identify any areas for learning which would help to drive further improvement in service delivery.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of the accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with relevant legislation and the home's procedures. A regular audit of accidents and incidents which had been undertaken was reviewed as part of the inspection process. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. A staff member explained how three of the staff team were being supported by the trust to complete a level three qualification in leadership.

A visit by the registered provider 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, RQIA and any other interested parties to read.

There was a clear organisational structure and all staff were aware of their roles, responsibilities and accountability. This was outlined in the home's Statement of Purpose. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The registered manager advised that any changes to the management structure of the home or registered persons would be managed to minimise any adverse effects on the home or the residents accommodated.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. Discussion with the registered manager and staff confirmed that there were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Residents, staff and visiting professionals spoken with during the inspection made the following comments:

- "Kate is the manager here. She is very 'hands on,' I was talking to her this morning." (resident)
- "Kate is a great manager; she is very fair and approachable. I would have full confidence that if I raised any issues that they would be addressed." (staff)
- "Kate is a wonderful manager. There is really good practice in this home." (staff)

Five completed questionnaires were returned to RQIA from residents and residents' 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 and incidents and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kathleen 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 DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 December 2018</p>	<p>The registered person shall ensure that the cords attached to window blinds are secured to the wall.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Work completed 18.12.18</p>

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



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