Unannounced Care Inspection Report
23 May 2017

Cloughreagh House

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

1.0 Summary

An unannounced inspection of Cloughreagh House took place on 23 May 2017 from 10:30 to 14:45.

The inspection sought to assess progress with any issues raised since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

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

Two areas for improvement were identified in relation to the need for a staff recruitment checklist and the statement of purpose to be updated.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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

One area for improvement was identified in regard to the recording of complaints.

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	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Helen Devlin, and Nikki Byrne, senior care assistants, 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

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

2.0 Service details

Registered organisation/registered person: Southern HSC Trust / Francis Rice	**Registered manager:** Kathleen McBeth
Person in charge of the home at the time of inspection: Helen Devlin, senior care assistant	**Date manager registered:** 6 August 2013
Categories of care: RC - I - Old age not falling within any other category RC - DE – Dementia	**Number of registered places:** 23

3.0 Methods/processes

Prior to inspection the following records were analysed: the previous inspection report and the notifications of accidents and incidents.

During the inspection the inspector met with nine residents, four care staff and two members of the catering staff.

The following records were examined during the inspection:

- Staff duty rota
- Three induction programmes for new staff
- Staff supervision schedules
- Staff training schedule
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report

- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policies and procedures manual

A total of 18 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Two questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 3 November 2016

The most recent inspection of the home was an unannounced care inspection. There was no QIP issued at this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 3 November 2016

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

4.3 Is care safe?

The senior care assistant 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. No concerns were raised regarding staffing levels during discussion with residents and staff.

The duty rota was reviewed. It was noted that a senior care assistant was not rostered for duty on the rota. This was discussed during the inspection and the senior care assistant confirmed this was due to unplanned staff sickness. This was rectified on the day of the inspection.

Review of three completed induction records and discussion with the senior care assistant 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 appraisal of staff was regularly provided. A schedule for mandatory training and staff supervision was maintained and was reviewed during the inspection.

The senior care assistant 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 manager; records of competency and capability assessments were retained. Staff competency and capability assessments were reviewed at the last inspection and were found to be satisfactory.

Discussion with the senior care assistant 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 senior care assistant confirmed that the Enhanced AccessNI disclosures were only viewed by the Personnel Department prior to the commencement of employment. A recommendation was made that a checklist is devised by the registered manager to ensure that staff are recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

A safeguarding champion has been established. Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and 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 whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

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

The senior care assistant confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior care assistant identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The senior care assistant confirmed there were restrictive practices employed within the home, notably the use of a keypad entry system at the front door. A review of the statement of purpose and residents guide identified that this restriction was not adequately described. A recommendation was made to address this.

The senior care assistant confirmed there were risk management policy and procedures in place. The senior care assistant confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment, records of individual equipment and cleaning records verified this.

Staff training records confirmed that staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. 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.

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 senior care assistant reported that any outbreaks of infection within the last year had been managed in accordance with the trust's policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

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. Discussion with the senior care assistant confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had a fire risk assessment in place dated 6 May 2016. The senior care assistant confirmed that a review of this assessment was requested by the registered manager.

Review of staff training records confirmed that staff completed fire safety training twice annually. A fire drill was completed on 23 January 2017. Records were 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 weekly and monthly and were regularly maintained.

One comment made on a returned questionnaire was:

- "Staffing levels good, open atmosphere encourages service users to express their views"

Areas for improvement

Two areas for improvement were identified in relation to the need for a staff recruitment checklist and the statement of purpose to be updated.

Number of requirements	0	**Number of recommendations**	2

4.4 Is care effective?

Discussion with the senior care assistant established that staff in 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 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. Care needs assessment and risk assessments (e.g. manual handling, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

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. Discussion with staff confirmed that a person centred approach underpinned practice.

The senior care assistant confirmed 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. The registered manager and 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. Minutes of resident meetings were reviewed during the inspection.

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.

One comment made on a returned questionnaire was:

- "Call bells answered quickly. Residents meetings take place regularly. The needs of the service users are paramount"

Areas for improvement

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

Number of requirements	0	Number of recommendations	0

4.5 Is care compassionate?

The senior care assistant confirmed 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. This was further reflected within care records.

Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and staff confirmed that 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.

The senior care assistant and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

The senior care assistant and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

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.

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. Such systems included daily discussions with staff, residents' meetings, monthly monitoring visits and annual reviews.

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. On the day of the inspection a number of residents were away on an outing for the day. Those

remaining residents were engaged in nail therapy in the morning and listened to DVD's in the afternoon. Arrangements were in place for residents to maintain links with their friends, families and wider community. The staff confirmed that families were welcome to visit the home at any time.

Comments made by residents during the inspection were:

- "I am very happy in here, the staff are all great"
- "I think it's brilliant in here. The food is lovely. I had a fear of coming into a home but this is great, you are treated with dignity and respect with a joke along the way"
- "The staff are perfect. This place is brilliant, you couldn't beat it. The food is great"
- "The staff are all good. I am well looked after in here"

Comments made by staff during the inspection were:

- "We are like one big family"
- "This is a very pleasant, homely, welcoming and supportive environment. The staff are very attentive to the residents needs and there is a positive atmosphere and positive feedback from residents. The manager is very pleasant and understanding and always finds a way to be helpful"

One comment made on a returned questionnaire was:

- "Person centred care is prioritised and the rights of the service users are respected"

Areas for improvement

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

Number of requirements	0	**Number of recommendations**	0

4.6 Is the service well led?

The senior care assistant outlined the management arrangements and governance systems in place within the home. 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.

A range of policies and procedures was 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 as changes occurred.

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 and the outcome of the complaint. However the records did not detail the complainant's level of satisfaction. A recommendation was made to ensure this is addressed.

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 was reviewed as part of the inspection process.

The registered manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

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 to read.

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

The senior care assistant confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responds to regulatory matters in a timely manner.

Review of records and discussion with the staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The senior care assistant confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The senior care assistant confirmed that staff could also access line management to raise concerns they will offer support to staff.

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

One comment made on a returned questionnaire was:

- "Manager is excellent, approachable and shows leadership skills"

Areas for improvement

One area for improvement was identified in relation to the recording of complaints.

Number of requirements	0	**Number of recommendations**	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Helen Devlin, and Nikki Byrne, senior care assistants, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider 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 provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 10.7 **Stated:** First time **To be completed by:** 23 June 2017	The registered provider should ensure that the statement of purpose references the restrictive practices employed within the home, notably the use of a keypad entry system at the front door
	Response by registered provider detailing the actions taken: The Statement of Purposehas been reviewed and updated in June 2017. This now includes a reference to restrictive practices within the home ,notably the use of a key pad entry system at the front door. This recommendation has been completed within the specified time frame.
Recommendation 2 **Ref**: Standard 19.2 **Stated:** First time **To be completed by:** 23 June 2017	The registered provider should ensure that a checklist is devised by the registered manager to ensure that staff are recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.
	Response by registered provider detailing the actions taken: A recruitment checklist has been devised in line with Regulation 21 (1) (b), Schedule 2 of the Residential Care Homes Regulations (Northern Ireland) 2005. This recommendation has been completed and implemented within the specified time frame.
Recommendation 3 **Ref**: Standard 17.10 **Stated:** First time **To be completed by:** 23 May 2017	The registered provider should ensure that records of complaints detail the complainant's level of satisfaction.
	Response by registered provider detailing the actions taken: A complainants level of satisfaction will be recorded as per Trust Policy. The registered manager can confirm that this recommendation has been completed and implemented within the specified time frame.

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

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