

# Inspection Report

22 August 2023



## Crozier House

**Type of Service: Residential Care Home**

**Address: Meeting House Road,  
Banbridge, BT32 3ER**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Southern HSC Trust  <b>Responsible Individual:</b> Dr Maria O'Kane	<b>Registered Manager:</b> Mrs Deidre Irvine  <b>Date registered:</b> 22 December 2022
<b>Person in charge at the time of inspection:</b> Ms Christine Carvill – Senior Care Assistant	<b>Number of registered places:</b> 27  Category of care RC-DE for a maximum of 5 residents only. The home is approved to provide care on a day basis only to 4 persons.
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 19
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 19 residents.  There is a Day Care Centre attached to this home which is managed by a separate registered manager.	

## 2.0 Inspection summary

An unannounced inspection took place on 22 August 2023, from 9.40am to 2.40pm. The inspection was carried out by a care inspector.

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.

Care was seen to be delivered in a kind, caring manner and residents were seen to be comfortable, content and at ease in their interactions with staff and environment.

Residents said that living in the home was a good experience.

Three areas requiring improvement were identified during this inspection. These were in relation to residents' progress records, the fire safety risk assessment and an unlocked electrical switch room door.

RQIA will be assured that the delivery of care and service provided in Crozier House will be safe, effective, compassionate and well led in addressing these areas for improvement.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms. Pamela Brown at the conclusion of the inspection.

### **4.0 What people told us about the service**

Residents confirmed that they were happy with their life in the home, their relationship with staff and the provision of meals. Two residents made the following comments; "Everything is 100%." and "I love it here. The care is very good."

Staff spoke in positive terms about the provision of care, the teamwork and staffing levels and the managerial support.

One visiting relative said that they were happy with the care provided and the kindness and support received from staff.

No questionnaires were returned in time for inclusion to this report.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Crozier House was undertaken on 10 July 2023 by a pharmacist inspector.

Areas for improvement from the last inspection on 10 July 2023		
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 15 (1)  <b>Stated:</b> First time	The registered person shall review the robustness of the pre-assessment process to ensure the appropriateness of residents admitted to the residential care home.  <b>Action taken as confirmed during the inspection:</b> This review had been put in place.	Met
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (d) (i)  <b>Stated:</b> First time	The registered person shall ensure that doors leading to unattended rooms are not propped open preventing closure.  <b>Action taken as confirmed during the inspection:</b> There were no doors in the home wedged open.	Met
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 14 (2) (a)(c)  <b>Stated:</b> First time	The registered person shall ensure that chemicals are stored in line with COSHH legislation when not in use.  <b>Action taken as confirmed during the inspection:</b> Cleaning chemicals were seen to be stored safely and securely.	Met
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The responsible person shall ensure that records of administration of thickening agents are accurately maintained and that they include the recommended consistency level.  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	Carried forward to the next inspection

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	The registered person shall review the provision of activities in the home to ensure that those residents who wish to have the opportunity to be involved in meaningful activities.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This review had been put in place.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time	The responsible person shall ensure that care plans are in place to direct staff when residents are prescribed medicines for chronic pain.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 32.1  <b>Stated:</b> First time	The responsible person shall ensure that the temperature of the room where medicines are stored is monitored and recorded daily to ensure medicines are stored appropriately	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 33  <b>Stated:</b> First time	The responsible person shall ensure that a robust system of audit which covers all aspects of medicines management is implemented to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

All care staff are registered with the Northern Ireland Social Care Council (NISCC). Checks are maintained on a monthly basis of these registrations.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff said that there was enough staff on duty to meet the needs of the residents.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. One resident said; "No problems what-so-ever. The staff are lovely."

There were systems in place to ensure staff were trained and supported to do their job. Staff spoke positively on the provision of training. Mandatory training for staff was maintained on an up-to-date basis.

Any member of staff who has the responsibility of being in charge of the home, in the absence of the Manager has a competency and capability assessment in place for this responsibility.

### 5.2.2 Care Delivery and Record Keeping

Staff interactions with residents were observed to be polite, friendly, warm and supportive. The atmosphere was relaxed, pleasant and friendly. One resident said that the staff were; "Kind and jolly." Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Admission to the home is via an intermediate scheme care referral. The senior care assistants discussed these arrangements and demonstrated these records. They also confirmed how the Manager was maintaining managerial oversight in ensuring the home is appropriately registered and staffed to meet potential resident's needs.

Falls in the home were monitored monthly to enable the Manager to identify if any patterns were emerging which in turn could assist the Manager in taking actions to prevent further falls from occurring.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Staff described how they were made aware of residents' individual nutritional and support needs, including recommendations made by the Speech and Language Therapist (SALT).

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what residents had to eat and drink daily.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Daily progress records were kept of how each resident spent their day and the care and support provided by staff. An area of improvement was made to review the quality of residents' progress records, in that a number of these did not give good account of the resident's well-being.

Care records were maintained safely and securely.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy and fresh smelling throughout. Residents' bedrooms were comfortable and suitably facilitated. Communal areas were suitably decorated and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

An electrical switch room was unlocked. An area of improvement was made in this regard.

The grounds of the home were nicely maintained.

The home's most recent fire safety risk assessment was dated 16 September 2022. Four recommendations from this assessment appeared to have outstanding actions. An area of improvement was made in this regard.

Fire safety training, safety drills and checks in the environment were maintained on an up-to-date basis.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

### **5.2.4 Quality of Life for Residents**

General observations of care practices confirmed that residents were able to choose how they spent their day. One resident said; "You shouldn't have any complaints because as I see it, everything is very good; the staff, the food and it is always very clean and tidy."



Residents were engaged in their own activities such as; watching TV, resting or chatting to one another. Additional to this, staff described how activities were facilitated on a one to one or small group basis for those residents who wished to partake.

Residents were seen to be comfortable, content and settled in their surroundings and in their interactions with staff. One resident said; “There is no bother here. It is first class. They (the staff) are all very good to everyone. I’d recommend it to anyone.”

The genre of music and television played was in keeping with residents’ age group and tastes.

One visiting relative said they were very happy with the care provided in the home and the kindness and support received from staff.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Deidre Irvine has been the registered manager in this home since 22 December 2022.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk. Discussions with staff confirmed knowledge of who to report concerns to.

A review of the records of accidents and incidents which had occurred in the home found that these were managed and reported to the relevant stakeholders correctly.

Review of the record of complaints confirmed that expressions of complaint were taken serious and managed appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home. These included audits of infection prevention and control, the dining experience and audits of care records.

The home was visited each month by a representative on the behalf of the responsible individual provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. These reports are available for review by residents, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/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 Residential Care Homes’ Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	5*



\* the total number of areas for improvement includes four which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Pamela Brown, Senior Care Assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 10 July 2023	<p>The responsible person shall ensure that records of administration of thickening agents are accurately maintained and that they include the recommended consistency level.</p> <p>Ref:5.1</p>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 22 September 2023	<p>The registered person shall submit a time bound action plan in response to the four outstanding recommendations from the fire safety risk assessment, dated 16 September 2022.</p> <p>Ref: 5.1.3</p>
	<b>Response by registered person detailing the actions taken:</b> All the joinery aspects of section 2 on the Fire Risk Assessment have been completed. With Reference to routine testing items these are under Service level contract. The recommendations In point 12 ,13 &14 all require Capital Funding and this will be added to the Risk Assessment and followed up with Trust Senior Leadership Team.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> 10 July 2023	<p>The responsible person shall ensure that care plans are in place to direct staff when residents are prescribed medicines for chronic pain.</p> <p>Ref:5.1</p>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 32.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 July 2023</p>	<p>The responsible person shall ensure that the temperature of the room where medicines are stored is monitored and recorded daily to ensure medicines are stored appropriately</p> <p>Ref:5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 33</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 August 2023</p>	<p>The responsible person shall ensure that a robust system of audit which covers all aspects of medicines management is implemented to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff.</p> <p>Ref:5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 8.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 September 2023</p>	<p>The registered person shall review the quality of recording of residents' progress records, so these are in sufficient detail.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The quality of recording of residents progress notes and the need to ensure sufficient detail is recorded regarding all aspects of their care needs has been raised with all senior care staff and care staff. In addition Training needs have been addressed with care staff during team meetings and as part of 1-1 supervision The Trust training team have met with the manager and Record Keeping Training is currently being organised to meet staff needs. This is expected to take place before March 2023. This will be added to the Risk assessment and monitored to ensure compliance with Standard 8.2.</p>

<b>Area for improvement 5</b>  <b>Ref:</b> Standard 27.8  <b>Stated:</b> First time  <b>To be completed by:</b> 22 August 2023	The registered person shall ensure the electrical switch room is locked at all times, when not in use.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> All senior staff have been reminded that the door to the electrical switch room must be locked at all times. When maintenance team require access the Senior in charge must ensure that the door is locked when the maintenance team have completed their checks. Signage has been applied to the door to comply with this Fire Requirement..

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



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