

# Unannounced Care Inspection Report 29 January 2018



## Crozier House

**Type of Service: Residential Care Home**  
**Address: Meeting House Road, Banbridge, BT32 3ER**  
**Tel No: 028 4066 2734**  
**Inspector: Priscilla Clayton**

[www.rqia.org.uk](http://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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with twenty seven registered placements which provides care for residents including those requiring intermediate and respite care.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern HSC Trust  <b>Responsible Individual:</b> Francis Rice	<b>Registered Manager:</b> Iris Cromie
<b>Person in charge at the time of inspection:</b> Iris Cromie, registered manager.	<b>Date manager registered:</b> 09 September 2013
<b>Categories of care:</b> Residential Care (RC)  R C - I (Old age not falling within any other category) DE – Dementia care ( five residents only)	<b>Number of registered places:</b> 27

### 4.0 Inspection summary

An unannounced care inspection took place on 26 January 2018 from 09.30 to 14.30 hours.

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 throughout the inspection in relation to the culture and ethos of the home; listening and valuing residents and taking into account their views and preferences. There was evidence of good governance arrangements; maintenance of care records, management of accidents/incidents, staff training, supervision and appraisal, modes of communication, ongoing quality improvement and the maintenance of good team working. Very positive feedback was received from respondents within questionnaires, residents, staff and three trust professional staff who spoke with the inspector during the inspection. No issues or concerns were raised or indicated.

Areas requiring improvement included the storage of the domestic store keys and storage of soiled laundry.

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	2

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Iris Cromie, Registered Manager, as part of the inspection process and can be found in the main body of the report.

## 4.2 Action/enforcement taken following the most recent pharmacy inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 October 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous care and pharmacy inspection report / QIP's
- Notifications
- Correspondence

During the inspection the inspector met with ten residents, three care staff, one social worker, one district nurse and two professional trust staff.

A total of ten resident satisfaction questionnaires were provided for distribution and completion to residents/representatives and return to RQIA. Seven questionnaires were returned within the requested timescale.

A poster was provided which contained information for staff on how to obtain satisfaction questionnaires via survey monkey or mobile telephone scan. No questionnaires were returned within the timescale.

An inspection of the home was undertaken

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedule
- Staff training schedule/records
- Registration status
- Three resident's care files
- Minutes of recent staff meetings
- Residents meetings
- Complaints and compliments records
- Range of policies / procedures relevant to this inspection

- Activities programme
- Environmental audit
- Accident/incident/notifiable events
- Annual Quality Review report
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 23 October 2017**

The most recent inspection of the home was an unannounced medicines inspection.

The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 07 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 6.3 <b>Stated:</b> Second time	The registered person should ensure that the resident or their representative, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident is unable to sign or chooses not to sign, this is recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager explained that an audit was undertaken and all care plans are now signed. Random selection of three care plans evidenced that these were signed and dated as recommended	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 21.5 <b>Stated:</b> First time	The registered person shall ensure that the policy on restraint is reviewed and revised to include reference of notification to RQIA should any restraint be used within the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the policy / procedure confirmed that this had been reviewed and revised.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 6 <b>Stated:</b> Second time	The registered person shall ensure that audit of care records is commenced and undertaken on a regular basis to ensure compliance with care record standards.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Audits of care records had commenced as recommended with records retained.	

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 21.5  <b>Stated:</b> First time	The registered person shall ensure that an annual quality report is developed. A copy of the report is to be forwarded to RQIA with the returned QIP.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> RQIA received a copy of the annual report as requested.	

**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 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, residents’ representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home. The registered manager advised that all care staff were registered with the Northern Ireland Social Care Council (NISCC).

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

Discussion with the registered manager 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. Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures 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.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager 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.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. 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. Observation of staff practice identified that care staff adhered to 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, trust and RQIA with appropriate records retained. One recommendation made for improvement related to the removal of soiled laundry from the laundry room floor.

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. One recommendation made for improvement related removal of the keys to the domestic storage room to a safe location.

The home had an up to date fire risk assessment which was dated 17 May 2017. No improvement recommendations were made.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed as required. 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/monthly and were



regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Care staff spoken with during the inspection made the following comments:

- “Care is provided to a high standard.”
- “Staffing levels are satisfactory in meeting the needs of residents.”
- “We have adequate resources to meet the needs of our residents.”

Seven completed satisfaction questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Service users who spoke with the inspector commented:

- “I’m here on respite but could just say on longer.”
- “Great here we are very well cared for; have everything we need.”

### Areas of good practice

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

### Areas for improvement

Two recommendations made related to removal of the keys to the domestic store room and appropriate storage of soiled laundry.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

#### 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.

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 daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments, including falls, moving and handling 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 and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. For example residents participated in the development of their person centred care plans.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager 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 and other key stakeholders. Minutes of residents' 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. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Staff spoken with during the inspection confirmed that the care provided was effective. No issues or concerns were expressed.

Seven completed satisfaction questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as "very satisfied". No issues or concerns were recorded.

### Areas of good practice

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

### 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 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.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and residents 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.

The registered manager, residents confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and was able to demonstrate how residents' confidentiality were protected. For example: appropriate storage of care records and sharing information only with those who need to know.

The registered manager 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 and 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. For example: residents' meetings, suggestion box, annual reviews and monthly monitoring visits undertaken on behalf of the registered provider.

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

The registered manager was commended by the inspector on the recent development of Crozier House News Letter which had been circulated to residents during December 2017 and January 2018. The newsletters contained a lot of good information including; staying independent during the winter; importance and availability flu vaccinations, keeping warm, falls prevention and associated tips to prevent falls and eye sight checks. In addition some nice poems, dementia update and information about GP practices was included. Residents commented that they were very pleased with the newsletter which can be provided in larger print if needed.

Discussion with staff, residents, and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in a wide range of meaningful activities including for example, arts / crafts, bingo, quizzes and puzzles, reminiscence news and passive exercise.

Staff spoken with during the inspection made the following comments:

- "Residents are always treated with dignity and respect."
- "We always ensure that residents are involved in the planning of their care."
- "We ensure that residents views are listened to and were necessary follow up on any questions asked or information requested."

Seven completed questionnaires were returned to RQIA from service users. Respondents described their level of satisfaction with this aspect of care as very satisfied. Commentary recorded included;

- “Staff go out of their way to help you.”
- “Care couldn’t be any better.”
- I wish I could stay on.”

**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 and processes in place within the home. These were found to be in line with good practice. Discussions held with residents, staff and the registered manager evidenced 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 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. Discussion with the registered provider identified that they had understanding of their role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home by way of the registered manager’s supervision with the head of day and residential care services and monthly monitoring visits made on behalf of the registered provider.

The registered manager 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 current RQIA certificate of registration was displayed within a prominent position.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The manager explained that policies and procedures were in as far as possible systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident Guide and trust information leaflets. Discussion with the registered manager and review of records evidenced that no complaints had been received over the past year.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. 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 manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

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. Records of the past three months were reviewed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager 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 registered manager 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 the registered manager was always responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

One district nurse who spoke with the inspector confirmed that the care provided to the residents she visited was to a high standard and that staff were always welcoming and followed the care prescribed.

The inspector also spoke to two trust professional staff via telephone. One key worker and one staff member from the Intermediate care scheme. Both staff advised that they were very satisfied that the care provided within the home. Clarity regarding one statement recorded within the pre admission care plan of one resident admitted was sought from the key social

worker who advised that there were no issues in regard to the provision of staffing or meeting the needs of the resident admitted to the home. No issues or concerns were raised or indicated.

Residents spoken with during the inspection made the following comments:

- “We know that Mrs Cromie is in charge and she is always around seeing that we are all well looked after.”
- “I feel the home is very well managed and the staff are lovely, couldn’t be any better.”
- “I know how to make a complaint if I had one but everything is good here so I don’t need to complain.”
- “Mrs Cromie is a very kind considerate person and she is always about seeing that everywhere is nice and clean, no smells here.”

Seven completed questionnaires were returned to RQIA from service users. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Staff spoken with during the inspection made the following comments:

- “I feel the home is very well managed and Mrs Cromie is very supportive”
- “I feel there are good working relationships here and we have resources to provide good care”
- “I wouldn’t hesitate in recommending this home”

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified within this aspect of care 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 Iris Cromie, 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 28.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 January 2018</p>	<p>The registered person shall ensure that the keys to the domestic store are removed from the current position and held in a secure place.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Registered Manager confirms Standard completed</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard N46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 January 2018.</p>	<p>The registered person shall ensure that soiled laundry is not placed on the laundry room floor. Appropriate storage is required.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Registered Manager confirms standard completed.</p>

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





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