

Inspection Report

14 December 2021



Crozier House

Type of Service: Residential Care Home
Address: Meeting House Road, Banbridge, BT32 3ER
Tel no: 028 4066 2734

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Mr. Shane Devlin	Registered Manager: Ms. Deidre Irvine Date registered NOT registered
Person in charge at the time of inspection: Ms. Emma Cain, Senior Care Assistant	Number of registered places: 27
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 20
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 27 residents.	

2.0 Inspection summary

This unannounced inspection took place on 14 December 2021, from 10.00 am to 2.20pm 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.

Two areas of improvement from the previous inspection were found to be met and one area has been stated for a second time.

The home was warm, clean and well maintained. We observed that staff were professional and polite as they completed their duties.

Residents were seen to be well cared for and said that the care provided in the home was a good. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

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.

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 Mrs Tierna Armstrong, Locality Manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. Residents described staff as being "kind" and "caring." One resident made the following comment; "I am being well looked after. Everything is very good."

Staff spoke positively about working in the home and advised that the provision of care was very good. However staff said that there were pressures with the absence of a manager in the home, and that their workload can be exceptionally busy. These issues were brought to the attention of the locality manager at the time of this inspection, who gave us assurances that these would be acted on without delay.

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 23 February 2021 by a Pharmacy inspector; no areas for improvement were identified.

Areas for improvement from the last care inspection on 29 October 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 30 Stated: First time	The registered person shall ensure that accidents and incidents which occur in the home are notified to RQIA in line with the current guidance.	Not met
	Action taken as confirmed during the inspection: A number of accidents and incidents were identified that were not reported to RQIA in line with current guidance.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 8.5 Stated: First time	The registered person shall ensure that all care records are appropriately signed and dated.	Met
	Action taken as confirmed during the inspection: Care records were appropriately signed and dated.	
Area for improvement 2 Ref: Standard 24.2, 24.4 Stated: First time	The registered person shall ensure that a robust system is put in place to support managerial oversight of staff supervisions and appraisals.	Met
	Action taken as confirmed during the inspection: A schedule of staff supervisions and appraisals has been put in place.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including safe moving and handling, moving and handling and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff said that they felt the provision of care was very good but felt their workload was busy and had additional demands with the absence of the manager and increased dependencies of residents. It was identified that the staffing levels on night duty were in need of review to meet residents' dependencies and assessed needs. This has been identified as an area of improvement.

Staff were seen to maintain residents' dignity by offering personal care discreetly. Residents were offered choices throughout the day, for example, where and how they wished to spend their time and what activity they wished to engage in.

Residents described staff as kind and caring. Two residents made the following comments; "Everything's very good. I am being well cared for and the staff are very good." and "I am going home this Friday. Everything has been marvellous. The staff are very kind, the food is fine and I have done very well here, no complaints."

5.2.2 Care Delivery and Record Keeping

Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. We observed staff to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Staff interactions with residents were observed to be polite, friendly, warm and supportive. Staff were seen to seek residents' consent when delivering care and to knock on resident's bedroom doors to seek permission of entry.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be calm and relaxed. There was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided.

Residents told us they very much enjoyed the food provided in the home. Appropriate supervision and support was readily available from staff. One resident made the following comment about the meals; “The food is very good. No complaints.”

Staff told us how they were made aware of residents’ nutritional needs to ensure that any recommendations made by Speech and Language Therapy (SALT) were adhered to. Care records were accurately maintained to help ensure that staff had an accurate understanding of residents’ nutritional needs. There was evidence that residents’ weights were checked at least monthly to monitor weight loss or gain.

Residents’ needs were assessed at the time of their pre admission to the home. During this stage care plans were developed in consultation with the residents, their next of kin and their aligned named worker to direct staff on how to meet residents’ needs. Added to this, any advice or directions by other healthcare professionals was included in the assessment and care plans.

Residents’ care records were held safely and confidentially.

Residents’ individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a good standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean and tidy. Residents’ bedrooms were personalised with items that were important to them such as family photographs and memorabilia. Communal lounges and the dining room were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire exits and corridors were observed to be clear of clutter and obstruction. The home’s most recent fire safety risk assessment was completed on 21 July 2021. There was no corresponding evidence recorded to confirm that the 11 recommendations made from this assessment had been addressed. This has been identified as an area of improvement.

Fire safety training was maintained for all staff on an up-to-date basis but fire safety drills were not. This has been identified as an area of improvement. The fire safety routine checks in the environment had several gaps where checks had not been completed. This has been identified as an area of improvement.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for residents and staff.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

Staff were seen to be attentive to residents needs including their social well-being.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting arrangements were in place with positive benefits to the physical and psychological wellbeing of residents.

5.2.5 Management and Governance Arrangements

The acting manager of the home was on a period of leave at the time of this inspection. The locality manager, Mrs Tierna Armstrong made herself available for the inspection and said that she had herself been covering this absence on a short term basis. An area of improvement was identified for details and clarification on the management arrangements to be submitted to RQIA without delay.

Staff expressed uncertainties about the absence of a day to day manager of the home and this was discussed with the locality manager who gave assurances that this was being acted upon.

There was evidence that systems of auditing were 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.

Review of the home's record of complaints confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Review of the accident and incident reports, identified a number of events which should of been notified to RQIA and were not. This area of improvement has been stated for a second time. However evidence was in place to confirm that accidents and incidents were notified, if required, to resident's next of kin and the aligned care manager.

The home was visited each month by responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Conclusion

As a result of this inspection five areas for improvement were identified in respect of reporting of accidents and incidents, staffing levels, the fire safety risk assessment, fire safety drills and checks and the management arrangements in the home. Details of these can be found in the Quality Improvement Plan included.

7.0 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**.

	Regulations	Standards
Total number of Areas for Improvement	5*	0

* The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Tierna Armstrong, locality manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 30</p> <p>Stated: Second time</p> <p>To be completed by: 14 December 2021</p>	<p>The registered person shall ensure that accidents and incidents which occur in the home are notified to RQIA in line with the current guidance.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Guidance regarding the notification of incidents and accidents has been reviewed and shared across all senior staff - the registered manager has developed a Standard Operating Procedure to ensure that notifications are submitted to RQIA in line with current guidance. All staff responsible for completing notifications have received updated training in January which has included refresher guidance on completing the appropriate form.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: 21 December 2021</p>	<p>The registered person must review staffing levels to ensure that these are in accordance with residents' dependencies and assessed needs, particularly but not limited to night duty.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Registered Manager and the senior staff team review staffing levels daily to ensure that that at all times suitably qualified, competent and experienced persons are working in the home and rostered on duty in numbers which are appropriate for the health, welfare dependencies and assessed needs of all residents. Actions put in place to ensure this include - the availability of a discrete pool of temporary / bank staff which can be called upon at late notice to support the team when required. - Additional payments including Rapid Covid payments and overtime allow for an additional incentive to approach the permanent staff offering additional hours to flex up staffing support when required . -Recruitment for Residential care Support workers is progressing with interviews planned for mid February to fill all current vacant residential care support positions a waiting list will also be available for any future vacancies which may arise in the next 12 months.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 27(4)(a)</p> <p>Stated: First time</p> <p>To be completed by: 14 January 2022</p>	<p>The registered person shall submit a time bound action plan to the home's aligned estates inspector detailing the actions taken in response to the 11 recommendations from the fire safety risk assessment (on 21 July 2021).</p> <p>Ref; 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered manager can confirm that the 11 recommendations in relation to estate issues highlighted in the Fire Safety Risk Assessment (21 July 2021) have now been progressed and a time bound action plan has been prepared and sent to the aligned Estates Inspector the aligned Care Inspector has been updated on same, on going progress will be managed and monitored by the Registered manager to ensure ongoing compliance and delays when identified will be escalated to the Trust Assistant Director for Estates for further action.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27(4)(d) (f)</p> <p>Stated: First time</p> <p>To be completed by: 14 January 2022</p>	<p>The registered person must ensure;</p> <ul style="list-style-type: none"> • that all staff working in the home are in receipt of up-to-date fire safety drills • that the routine fire safety checks in the environment are maintained on an up-to-date basis. <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager has reviewed the fire safety drills and practices and can provide assurance that these are undertaken at suitable intervals - records documenting these have been revised and are now in a format that is easily accessible to evidence they have occurred. In addition bi annual fire safety training dates have been issued and staff have been assigned to training dates to ensure compliance with this element of their mandatory training.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 8(1)</p> <p>Stated: First time</p> <p>To be completed by: 15 December 2021</p>	<p>The registered person must submit to RQIA clarification and details on the management arrangements in the home.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: The temporary management arrangements have been submitted as requested through the RQIA Portal providing clarity regarding the arrangements on the management of the home. An email has also been sent to the assigned RQIA Care Inspector responsible for the home. The email details the temporary arrangements put in place.</p>

	<p>In addition the recruitment for the permamanet home mananger post is progressing with BSO Recruitment Services the required preliminary details have been shared and and this will enable the post to be advertised on HSC Recruit from 01 February.</p>
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