

Inspection Report

23 September 2022



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: Dr Maria O'Kane - Applicant	Registered Manager: Mrs Deidre Irvine – Not registered
Person in charge at the time of inspection: Ms Zara Doak – Person in Charge up to 2.30pm Ms Chantal Parsons – Person in Charge from 2.30pm onwards	Number of registered places: 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.
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: 18
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. Residents' bedrooms are located over one floor and residents have access to communal lounge, dining and garden areas. The home is adjoined to Crozier Lodge Day Care Setting which is under a separate manager.	

2.0 Inspection summary

An unannounced inspection took place on 23 September 2022 from 9.45am to 5.05pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents were well presented in their appearance and spoke positively when describing their experiences on living in the home. Comments received from residents and staff members are included in the main body of this report.

There was sufficient staff available to provide care and staff members engaged well with residents in a caring and compassionate manner. Residents were complimentary on their interactions with staff. There was a good working relationship between staff and management.

Areas requiring improvement were identified in relation to the provision of activities, propping open of doors, compliance with control of substances hazardous to health (COSHH) legislation and with the robustness of the pre-assessment process prior to residents' admissions.

RQIA was assured that the delivery of care and service provided in Crozier House was safe, effective and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the manager and 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.

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 the person in charge at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with seven residents and five staff. Residents told us that they were happy living in the home and described staff as, 'friendly; supportive and lovely'.

Residents also complimented the food provision in the home. Staff members told us that they enjoyed working in the home and felt supported by management.

There were no questionnaire responses received and we received no feedback from the staff online survey.

5.0 The inspection

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

Areas for improvement from the last inspection on 14 December 2021		
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: Second 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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 20(1)(a) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 3 Ref: Regulation 27(4)(a) Stated: First time	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).	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	

Area for improvement 4 Ref: Regulation 27(4)(d) (f) Stated: First time	The registered person must ensure; <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. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 5 Ref: Regulation 8(1) Stated: First time	The registered person must submit to RQIA clarification and details on the management arrangements in the home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff members were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. Staff confirmed that they received a thorough induction when they started work in the home to help prepare them for working with the residents and to become more familiar with the home's policies and procedures. Checks which were made to ensure that care staff maintained their registrations with the Northern Ireland Social Care Council.

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 such as adult safeguarding, infection prevention and control (IPC), resident moving and handling and fire safety. Staff confirmed that they had taken part in fire drills in the home. Staff had access to their own training files for reference and updating. Management maintained a colour coded training matrix to oversee compliance with training. A spreadsheet identified all upcoming training in the home.

Staff confirmed that they were further supported through supervisions and appraisals. Records were maintained to ensure that staff received, at minimum, two recorded supervisions and an appraisal on an annual basis. Additional staff had been identified to attend training which would enable them in assisting in the supervision process.

Staff consulted confirmed that they were happy that residents' needs were met with the staffing level and skill mix allocated to work in the home. Discussion with residents and observation of working practices identified no concerns in relation to the staffing arrangements.

Staff spoke positively on the teamwork in the home. One told us, "The teamwork here is very good; we are adaptable and help one another out". Staff members were observed to work well and communicate well with one another during the inspection.

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

Residents consulted spoke highly on the care that they received and confirmed that staff attended to them when they needed them and that they would have no issues on raising any concerns that they may have to staff. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and residents knew one another well and were comfortable in each other's company.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff members were knowledgeable of residents' needs, their daily routine, wishes and preferences.

A diary was maintained to ensure important daily activities were not missed such as appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in residents' care throughout the day.

It was observed that staff provided care in a caring and compassionate manner. Residents told us that they were happy living in the home. One said, "It is very good here. No complaints. The staff are very friendly and go out of their way to help me especially with food selection." Another commented, "It is really nice here. The staff are lovely. I pick what I want to do during the day. I'm very happy here."

Residents' needs were assessed at the time of their admission to the home. Concerns were raised from staff in relation to residents requiring nursing needs being admitted to the home. Staff shared examples of their concerns. These were discussed with the manager for their review and action and an area for improvement was identified to review the robustness of the pre-assessment process to ensure the appropriateness of the admissions to the residential home.

A fall's safety cross was utilised to record the number of falls in any month. The number of falls in the home was low. An accident report was completed by staff to record any accidents or incidents which occurred in the home.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents were offered a choice of meal selected their daily choices following breakfast. The pre-selected meals were then transferred to the home at mealtimes. Foods such as fresh vegetables and desserts were prepared on site.

Residents dined in their preferred dining area; the dining room, lounge or their own bedrooms. The menu was displayed on a wall in the dining room. Staff wore the appropriate personal protective equipment (PPE) when serving meals. The food served appeared nutritious and appetising and portion sizes were appropriate for the residents to whom the food was served. The mealtime was well supervised. Residents spoke positively on the mealtime experience.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. Regular fire safety checks had been maintained. However, two doors were observed to have been propped open and would be unable to close in the event of the fire alarm sounding. This was discussed with the manager and identified as an area for improvement.

Chemicals, which could be potentially harmful to residents, were observed accessible to residents in an unlocked room. An area for improvement was identified to ensure compliance with COSHH legislation.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. Residents confirmed that they could choose which clothes they wore, where to sit during the day or where to take their meals at mealtimes.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Isolated IPC issues identified were managed during the inspection. All visitors to the home were required to wear face coverings. Environmental infection prevention and control audits had been conducted monthly.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Residents confirmed that they were offered choice and assistance on how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents confirmed that they could remain in their bedroom or go to a communal room when they wanted. Residents were well presented in their appearance and those, who wished to, were wearing their own jewellery, nail varnish and make up.

There was no programme of activities available for review. An activity book was available to record activities completed with residents, although, this book was not completed in detail and had no entries made for the previous month. Discussion with residents evidenced a deficit in the provision of activities in the home. This was discussed with the manager and identified as an area for improvement.

Each resident completed an evaluation at the completion of their stay in the home in regards to the services provided by the home. The home's management team reviewed each evaluation as a tool to identify where improvements could be initiated if required. This was good practice. Findings were shared with staff.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents. Visiting was conducted in line with Department of Health guidelines.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been changes to the management arrangements. Applications were in process with RQIA to register Deidre Irvine as manager of the home and Maria O'Kane as the responsible individual. Discussion with the manager and staff confirmed that there were good working relationships between staff and the home's management team.

Staff were aware of who the person in charge of the home was in the manager's absence. Staff told us that they were aware of their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff members were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Areas audited included care records, staff training and IPC. The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

A complaint's file was maintained to detail the nature of any complaints and the corresponding actions made in response to any complaints. The number of complaints in the home was low. Cards and letters of compliments were maintained and shared with staff.

The home was visited each month by a representative of the registered provider 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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Completed reports were available for review by residents, their representatives, the Trust and RQIA.

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 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	3	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Chantal Parsons, Person in Charge, as part of the inspection process. Feedback was discussed via a telephone call with Deidre Irvine, Manager, on 11 October 2022. 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	
Area for improvement 1 Ref: Regulation 15 (1) Stated: First time To be completed by: With immediate effect	<p>The registered person shall review the robustness of the pre-assessment process to ensure the appropriateness of residents admitted to the residential care home.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager has reviewed the residential homes admission policy to ensure that all admissions are in line with the homes registration status. The registered Manager has put in place a reference checklist to support the Senior Residential Care Team screen all new referrals. This enables further exploration with referrers to ensure all relevant details are obtained and to ensure all new admissions care needs can be supported safely and comply with the homes residential registration status. The checklist was put in place from 11 October following the Inspectors Feedback to the Registered Manager.</p> <p>In addition, Emergency or unplanned admissions are kept to minimum to ensure the robustness of the pre-assessment process and ensure the appropriateness of residents referred to the residential home setting for admission.</p> <p>From the 01 November all admissions have been subject to care quality checks. This has been undertaken on an individual basis to learn from people's experiences- a short survey has been implemented and completed with each resident following their short stay residential admission feedback from their Named NOK or carer, where appropriate, has also been collected. The Service user and carer feedback will be used to continue to drive improvements in the delivery of care.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that doors leading to unattended rooms are not propped open preventing closure.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This Improvement area recieved immediate attention. Compliance achieved from the 23 September 2022. This now remains a recurrent safety alert for all staff at each handover. Compliance with this Fire safety requirement has been reviewed with all staff in 1-1 and group supervision and is now a standing staffing agenda item for all staff team meetings</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that chemicals are stored in line with COSHH legislation when not in use.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This Improvement area recieved immediate attention. with Facility Support Staff.following feedback from the Inspector on the day of the inspection. The mananger can confirm Compliance has been achieved from the 23 September. This now remains a recurrent safety alert for all staff at each handover. Compliance with this COSHH storage requirements has been reviewed with all relevant staff in 1-1 and group supervision and is now a staff agenda item for all staff team meetings.</p> <p>In addtion Staff training in all aspects of IPC was facilitated with all facility support staff on 07 November .</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 13 Stated: First time To be completed by: 31 October 2022	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. Ref: 5.2.4
	Response by registered person detailing the actions taken: The Living well through activity in care homes: toolkit 2015 has been shared with all care staff and senior staff. A weekly Activity schedule has been devised in conjunction with residents preferences and interests. Each resident has undertaken a " This is me " support tool to enable person-centred care 'This is me' is used to record details about the resident. Information has been gathered from the resident or in conjunction with their carer or NOK . The Tool records: <ul style="list-style-type: none"> • the residents cultural and family background • important events, people and places from their life • their preferences and routines. the information has been used to support a person centered approach to the care and the delivery of age appropriate and interesting activities. This area of improvement was put in place on the 31 October and is ongoing for all new short stay residents.

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