



Unannounced Care Inspection Report

29 October 2020



Crozier House

Type of Service: Residential Care Home (RCH)
Address: Meeting House Road, Banbridge BT32 3ER
Tel no: 028 4066 2734
Inspector: Alice McTavish

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to 27 residents.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Shane Devlin	Registered Manager and date registered: Iris Cromie 9 September 2013
Person in charge at the time of inspection: Iris Cromie	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 home on the day of this inspection: 13

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

An inspection took place on 29 October 2020 between 10.20 and 18.00 hours. The inspection sought to assess progress with issues raised in the previous quality improvement plan and to establish whether the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- staffing arrangements
- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- care delivery
- care records
- the internal environment
- governance and management arrangements

Residents said that staff were attentive and treated them with kindness.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Iris Cromie, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

The findings of this inspection were discussed with senior inspectors in RQIA. It was decided that RQIA would invite the management of this home to a meeting so that enhanced feedback could be given. This would allow Trust staff to fully understand the improvements needed and to share with RQIA any plans in place for such improvements to be made. This meeting took place on 19 November 2020.

It was highlighted to Trust management that enforcement action may be considered if the necessary improvements were not made.

5.0 How we inspect

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

- the registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report and the returned QIP from the previous care inspection

During the inspection the inspector met with five residents, five care staff and two members of domestic staff. Ten questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the assistant manager with 'Tell Us' for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision. Two questionnaires were returned from residents who indicated a very high level of satisfaction with the quality of care and services in Crozier House.

The following records were examined during the inspection:

- duty rotas
- staff training
- staff inductions
- staff supervision and appraisal
- competency and capability assessments
- a selection of quality assurance audits
- complaints and compliments
- incidents and accidents
- four residents' care records
- reports of visits by the registered provider.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 14 October 2019. No further actions were required to be taken following the most recent inspection.

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
Area for improvement 1 Ref: Standard 20.10 Stated: Third time	The registered person shall ensure that audits of all care records is conducted; identify areas requiring improvement and develop action plans as necessary to improve the overall standard of care record keeping. In addition close monitoring of the standard of care records/record keeping should be undertaken by the registered manager on a regular basis.	Met
	Action taken as confirmed during the inspection: Review of care records identified that this area was met.	
Area for improvement 2 Ref: Standard 23.4 Stated: Third time	The registered person shall ensure that the following staff training is provided: <ul style="list-style-type: none"> • Care record keeping (Staff training in care recording should be provided to ensure staff adheres to best practice including; SHSCT policy, NISCC standards, and DHSSPS Residential Care Minimum Standards) • GDPR. 	Met
	Action taken as confirmed during the inspection: Review of information submitted after the inspection confirmed this area was addressed,	

Area for improvement 3 Ref: Standard 12.1 Stated: Second time	The registered person shall ensure that training is provided in the International Dysphasia Diet Standardisation Initiative for the cook and all care staff.	Met
	Action taken as confirmed during the inspection: Review of information submitted after the inspection confirmed this area was addressed,	
Area for improvement 4 Ref: Standard 23.4 Stated: First time	The registered person shall ensure update training in first aid and all employed staff require training in Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) in preparation for implementation of DoLS on 2 December 2019.	Met
	Action taken as confirmed during the inspection: Review of information submitted after the inspection confirmed this area was addressed,	
Area for improvement 5 Ref: Standard - GDPR Stated: First time	The registered person shall ensure that an appropriate identification indicator is recorded within notifications submitted to RQIA.	Met
	Action taken as confirmed during the inspection: Review of notifications submitted to RQIA confirmed that this area was met.	
Area for improvement 6 Ref: Standard 6.2 Stated: First time	The registered person shall ensure care plans in use for residents admitted via the intermediate care are reviewed and revised to ensure that actual and potential needs which do not apply are identified, dated and recorded as not applicable.	Met
	Action taken as confirmed during the inspection: Review of are plans identified that this area was met.	

6.2 Inspection findings

6.2.1 Staffing arrangements

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

The staff reported that they all worked together for the benefit of the residents. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

We found that staff competency and capability assessments were completed for staff who were left in charge of the home in the manager's absence.

We reviewed the records of mandatory staff training and found that some training had not been kept up to date. Senior staff advised that this had been disrupted due to the ongoing Covid-19 pandemic. This was discussed with senior staff during the meeting on 19 November 2020. Further information was submitted after the inspection which evidenced that outstanding training had been provided. There was a robust system in place to identify when training was about to become out of date and there were plans in place to provide such training to a small number of staff.

6.2.2 Infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)

Signage had been erected at the entrance to the home to reflect the current guidance on Covid-19. There was a dedicated room in the adjoining Crozier Lodge for staff to don and doff the correct Personal Protection Equipment (PPE) before commencing duties. PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 outbreak. Staff told us that anyone entering the home have a temperature and symptom check completed and that residents had their temperatures checked twice daily.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. There was discussion with the manager about the importance of staff ensuring that residents have an opportunity to wash their hands before each mealtime in order to further reduce the potential for infection.

Domestic and care staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff. We saw that domestic staff cleaned all touch points throughout the home and that the home was maintained to a high level of cleanliness.

6.2.3 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed. It was evident that staff knew the residents well; staff spoke to residents kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- “The staff here are very good, they are attentive and work hard, and always with a smile on their faces. I get very good care here.”
- “I moved here a few years back and I absolutely love it! I am very happy here, I wouldn’t be anywhere else!”
- “I’m happy in Crozier House, a bit fed up today, but I think that’s to do with the miserable weather outside, but I’m usually happy.”
- “The staff here are all great.”
- “The food here is just lovely and I get plenty to eat. I like it that we have a budgie – I find it fascinating to watch him, he’s great company.”

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting had been suspended due to the current pandemic. The care staff assisted residents to make phone calls with their families in order to reassure relatives. Arrangements had been in place on an appointment basis to facilitate relatives visiting their loved ones at the home but this had again been suspended.

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. The dining room was arranged so that residents could take meals whilst maintaining social distance. A menu was displayed and there was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available for residents. We saw that staff were helpful and attentive to residents.

6.2.4 Care records

The manager advised that most residents were admitted to Crozier House for a temporary period of respite or for intermediate care before returning home with a package of care or onward placement to long term residential care. We reviewed the care files of four residents which evidenced that comprehensive pre-admission information was received for residents; detailed care plans were in place to direct the care required.

There was evidence within care records of care plans and associated risk assessments being completed. Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents’ needs, as required.

We saw that some records were not appropriately signed and dated. This was identified as an area for improvement.

6.2.5 The internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, lounges, dining area and storage areas.

Residents’ bedrooms were found to be personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a good standard, was well ventilated and comfortable. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

6.2.6 Governance and management arrangements

There was a clear management structure within the home. Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

We looked at the arrangements to provide staff with regular supervision and an annual appraisal. Whilst staff told us that they received such supervision and appraisal, we found that the manager did not have a clear system in place to ensure her oversight of these areas. This was identified as an area for improvement.

We looked at the records of accidents and incidents which had occurred in the home. Whilst these were managed appropriately, we found that one had not been reported to RQIA. This was identified as an area for improvement.

We saw that senior trust managers completed monthly monitoring visits to ensure that there was effective oversight of care delivery to residents.

We examined the system in place to manage any complaints received; discussion with the manager provided assurance that complaints would be managed appropriately and that the management viewed complaints as an opportunity to learn and improve. We also saw that the home had received numerous compliments, for example, "Thank you for all your love, care and kindness...because you were all so caring (our relative) settled well and enjoyed her time with you. Thank you for how we were greeted as a family during our visits; nothing seemed to be a bother."

Areas of good practice

Good practice was evident throughout this inspection in relation to the infection prevention and control precautions taken by staff and the warm, supportive interactions between residents and staff.

Areas for improvement

Three areas for improvement were identified during this inspection. These related to the reporting of accidents and incidents, signing and dating care records and managerial oversight of staff supervisions and appraisals.

	Regulations	Standards
Total number of areas for improvement	1	2

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy. Residents told us that they were very satisfied with the standard of care being provided.

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, 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 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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that accidents and incidents which occur in the home are notified to RQIA in line with the current guidance. Ref: 6.2.6
	Response by registered person detailing the actions taken: Current guidance in relation to the reporting of accidents and incidents has been reviewed with all senior staff and an assurance can be given that all staff responsible for notifying RQIA now have access to the RQIA Portal and are aware of the reporting requirements pertaining to Regulation 30..
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 8.5 Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that all care records are appropriately signed and dated. Ref: 6.2.4
	Response by registered person detailing the actions taken: This area of improvement has now been met and a robust system put in place to ensure managerial oversight is maintained to ensure compliance with the required Standard.
Area for improvement 2 Ref: Standard 24.2, 24.4 Stated: First time To be completed by: 31 December 2020	The registered person shall ensure that a robust system is put in place to support managerial oversight of staff supervisions and appraisals. Ref: 6.2.6
	Response by registered person detailing the actions taken: The system of managerial oversight of staff supervisions has been reviewed and a robust system is now in place in line with the required time frame 31 December 2020 .

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)