



The **Regulation** and
Quality Improvement
Authority

Crozier House
RQIA ID: 1559
Meeting House Road
Banbridge
BT32 3ER

Inspector: Priscilla Clayton
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**Unannounced Care Inspection
of
Crozier House**

04 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An announced care inspection took place in Crozier House on 04 January 2016 from 10.30 to 14.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. However, improvement is required in relation to the maintenance of some management records. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

The registered manager, Iris Crumie was off duty on leave and Emma Caine, senior care worker was in charge until Tierna Armstrong, head of residential and day care services came to the home to provide support as no second senior care worker was on duty.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards (2011).

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	1

The details of the QIP within this report were discussed with Tina Armstrong, head of service for residential care, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Southern HSC Trust/Mrs Paula Clarke	Registered Manager: Mrs Iris Cromie
Person in charge of the home at the time of inspection: Emma Caine, senior care worker and Tierna Armstrong, Head of residential and day care services.	Date manager registered: 09 September 2013
Categories of care: RC-DE, RC-I	Number of registered places: 27

Number of residents accommodated on day of inspection: 17	Weekly tariff at time of inspection: SHSC Trust facility.
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3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 24: Staff are supervised and their performance appraised to promote the delivery of quality care services.

4. Methods/processes

Prior to inspection we analysed the following records: Previous inspection report /QIP and accident/incident notifications submitted to RQIA.

During the inspection the inspector met with 14 residents, three care staff, and one resident's visitors/representative.

The following records were examined during the inspection:

- Staff duty roster
- Three staff files
- Two care records
- Accident /incident records and audits
- Monthly monitoring visits by registered provider
- Staff meetings/residents meetings
- Policy/procedures
- Staff training records.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of Crozier House was an unannounced pharmacy inspection dated 7 September 2015. No requirements or recommendations were made as a result of this inspection. This is to be commended.

5.2 Review of requirements and recommendations from the last Care inspection dated 21 July 2015.

Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 14	The home's policy entitled Dealing with Death and Dying was dated 2008. It is recommended that this policy is reviewed and revised to reflect DHSSPS Minimum Residential Care Standards (2011) and GAIN Guidelines.	Met

	<p>Action taken as confirmed during the inspection: Review of the policy evidenced this had been reviewed and revised as recommended.</p>	
<p>Recommendation 2 Ref: Standard 13.4</p>	<p>The format of the programme of activities should be made larger and more visually stimulating to make it easier for resident to decipher what is happening and when.</p>	Met
	<p>Action taken as confirmed during the inspection: Planned activities were displayed on the white board within the dining room and lounge in large print format.</p>	
<p>Recommendation 3 Ref: Standard 23.4</p>	<p>Staff training in continence management is recommended.</p>	Met
	<p>Action taken as confirmed during the inspection: Group staff in house training has been provided.</p>	
<p>Recommendation 4 Ref: Standard 10.1</p>	<p>The homes policy and procedure on responding to resident's behaviour should be reviewed and developed further to consider why behavioural issues may arise. The information should also reflect DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure should include the need for Trust involvement in managing behaviours which challenge. It should also detail that RQIA must be notified on each occasion restraint is used.</p>	Met
	<p>Action taken as confirmed during the inspection: The policy/procedure reviewed reflected inclusion of information as recommended.</p>	

Recommendation 5 Ref: Standard 20.19	It is recommended that staff views and responses in staff questionnaires, as relayed to Head of Service, Tierna Armstrong, following the inspection are addressed by the registered manager.	Met
	Action taken as confirmed during the inspection: Discussion with Tierna Armstrong, head of service for residential and day care, revealed that this matter had been addressed and meeting with staff held.	

5.3 Standard 24: Staff are supervised and their performance appraised to promote the delivery of quality care services.

Is care safe?

The home had a policy and procedure on Staff Supervision and Appraisal. Three staff files randomly selected, contained recorded evidence of staff supervision and appraisal. The frequency of staff supervision is three monthly in accordance with corporate policy/procedure.

The purpose of staff supervision and performance appraisal is to promote the delivery of a quality service through the provision of support to staff so that they have opportunity to discuss quality improvement issues, training and professional development needs. Agree action plans are developed to meet matters arising.

The senior care staff confirmed that supervision and appraisal was provided and explained that senior care staff supervise care staff and senior care staff are supervised by the registered manager on a one to one basis. The registered manager is supervised on a monthly basis by the head of services. Staff training in supervision has been provided with records of same retained in training files.

Senior staff reports any serious concerns arising from supervision/appraisal to the registered manager.

Examination of staff records evidence that staff training in supervision and appraisal had been provided. Staff files contained a wide range of care training certificates including mandatory training. Training provided is also retained within a central matrix which provides the manager with an overview of staff attendance dates.

Is care effective?

We met with 14 residents, several individually and with others in small group format. All residents confirmed that they felt staffing levels were good and that staff always responded when they called for assistance. No issues were raised in regard to staffing. Some comments made included, for example:

- “There is always staff available, and they are kept busy”

- “Staff take time to talk to us and see to all our wants”
- “The care is excellent, good staff they are very kind and helpful”
- “It’s not home but the next best thing”
- “I would not want to be moved from here, I am very content”
- “We had a good Christmas, plenty to eat and lots of fun and laughs with the staff.”

One relative, who visited the home on a regular basis, spoke with us and indicated satisfaction with the provision of care and life in the home. No issues or concerns were raised.

Residents confirmed that they felt the care planned with them was effective.

Is care compassionate?

We were advised that as far as possible, the same staff are allocated to provide care to individual residents. This was reflected in the care records examined.

The senior care assistant advised of the involvement of residents in the daily running of the home and that resident meetings are held which reflect their input. This was verified in minutes read and held on file.

Care records examined reflected values in regard to dignity, respect and choice.

Residents’ who spoke with us indicated they were always treated with dignity and respect, are listened to by staff and that their religious belief is respected. One resident commented; “The manager and staff always take time to ask what we like to do and we have choice at meal times, going to bed, getting up each morning and all other things that go on”

The home’s Statement of Purpose and Residents’ Guide makes reference to values which are embedded in the provision of each resident’s care and life in the home. These included acknowledgement to dignity and respect, independence, rights, equality and diversity, choice, consent, fulfilment, safety, privacy and confidentiality. During the course of the inspection staff were observed to interact with residents and in a respectful, dignified manner

5.5 Additional areas examined

Staffing

The home retains staff duty rosters for all staff employed. Examination of rosters evidenced staff on duty each day and actual shifts worked. There was evidence of consistency in staffing levels with two senior care workers on duty most days. On the day of inspection one senior care worker, three care staff, domestic and kitchen staff were on duty. Head of residential and day care services, Tierna Armstrong, came to the home during the inspection. Ms Armstrong explained that she would remain in the home to provide and support supervision of staff as the manager was off duty and there was only one senior care staff on duty.

Staff who spoke with us did not raise any issues in regard to care staffing levels and felt that safe care was being provided. One issue in regard to appointment of an additional domestic staff member was discussed. This is being addressed, as confirmed by the Head of residential and day care services.

Staff Meetings

The home had a corporate policy on staff meetings, review date 01 July 2013. This policy indicated "staff meetings are to be arranged three monthly or earlier when required".

The most recent minutes of staff meetings held on file were dated as follows:

- 03/06/15 – Senior staff meeting
- 03/06/14 – Care staff meeting
- 07/10/15 - Domestic staff meeting

The senior care assistant in charge of the home was unable to locate any other minutes of staff meetings or recall the frequency of staff meetings although she did recall a meeting was held following the last inspection.

Staff meetings and retention of minutes in the home was discussed with the registered manager following the inspection who explained that meetings had been held although the typing of minutes had been overlooked. The registered manager confirmed minutes would be typed, held on file and made available to staff. One requirement was made in regard to the retention of a record of all staff meetings held and the names of all those attending.

Accident/Incidents Records.

Accident/incident records examined showed evidence of notifications to RQIA. These were being submitted within the time scale and identified a record of the re-assessment of fall risk. Two care records examined reflected risk management plans to minimise recurrence of falls.

Monthly audits of falls were undertaken with records retained up until June 2015. Audits reviewed contained action plans to address issues from identified trends and patterns. For example, close positioning of resident call bells and bedside commodes at night. This has resulted in reduction of falls. Following the inspection the manager informed RQIA that the remaining monthly audits were undertaken and held in another file which was not shown on the day of inspection. It is recommended that all monthly audits are held in one central file for ease of access to staff.

Complaints

The availability of complaints records was discussed with Tierna Armstrong, as there was no evidence of a complaints register or template for staff to record receipt of complaints or action taken. The service manager explained that she had received notification that no complaints had been received in monthly monitoring data from the registered manager. Records of monthly monitoring visits, made on behalf of the registered provider, available (up until 24 March 2015) in the home, referenced that none had been received. One requirement was made in regard to availability/retention of a record of complaints received from residents/representatives or by staff about the operation of the home, and the action taken by the registered manager.

Visits by the registered provider

Review of the monthly report made on behalf of the registered provider held on file showed that the last visit took place on 24 March 2015. This was discussed with Tiarna Armstrong who explained that she had undertaken monthly monitoring visits and reports were written. At the request of RQIA it was agreed that copies of monthly visit reports would be submitted to RQIA following the inspection. These were received on 7 January 2016. Examination of reports received contained evidence of consultation with residents and staff in regard to the quality of care and other information as required.

One requirement was made in regard to the retention of a copy of each monthly report in the home and to make these available on request to RQIA, resident or representative and HSS Trust personnel.

Areas for improvement

Identified areas for improvement from this inspection related to the retention of records including staff team meeting minutes, falls audits, monthly monitoring visits and availability of complaints record.

Number of requirements:	3	Number of recommendations:	1
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Tiarna Armstrong, Head of residential and day care services, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 4 21</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2016.</p>	<p>The registered manager is required to retain a record of all staff meetings held including the names of all those attending</p> <hr/> <p>Response by Registered Person(s) detailing the actions taken: The Registered manager has developed a schedule to ensure that the minutes of staff meetings are retained and that all staff attending will sign to verify their attendance at the meeting and record they have received and read a copy of the prepared minutes.</p>
<p>Requirement 2</p> <p>Ref: Regulation 19 (2) Schedule 4 11</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2016</p>	<p>The registered manager is required to retain a record of all complaints received from residents or representatives or relatives or by staff about the operation of the home, and the action taken by the registered manager.</p> <hr/> <p>Response by Registered Person(s) detailing the actions taken: The Registered manager can confirm that she has reviewed and implemented the Trust Complaints and user views policy and procedural guidelines and advice toolkit for staff (Feb 2015). The guidance outlines the reporting steps in relation to resolving complaints at the initial point of delivery and this has been shared and implemented within the home.</p> <p>The registered manager will take responsibility to share the initial user feedback to inform learning and development and ensure that this is fed into the Trust's governance systems as well as being directly fed back to staff involved.</p>
<p>Requirement 3</p> <p>Ref: Regulation 29 (5)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2016</p>	<p>The registered provider is required to maintain a copy of each monthly report in the home and make it available on request to RQIA, resident or representative and HSS Trust personnel.</p> <hr/> <p>Response by Registered Person(s) detailing the actions taken: The Registered manager and the Head of Service have reviewed current processes and can now assure that copies of the monthly report are available on request to RQIA , resident , or representative and HSS Trust personnel.</p>

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Recommendations	
Recommendation 1	It is recommended that all monthly audits are retained in one central audit file..
Ref: Standard 3	
Stated: First time	
To be completed by: 31 January 2016	<p>Response by Registered Person(s) detailing the actions taken:</p> <p>The registered manager has reviewed the management of files and can now demonstrate that monthly audits are retained in one file which is referenced and indexed detailing monthly and weekly service checks, environmental cleanliness audits, equipment checks, water temps.</p> <p>Good practice Care plan and record audits alongside falls audits have been more readily identified and referenced.</p> <p>Medicine management and Pharmacy audits are held in a separate designated file for this purpose.</p>

Registered Manager completing QIP	Mrs Iris Cromie	Date completed	19/2/2016
Registered Person approving QIP	Mrs Angela McVeigh	Date approved	24/2/2016
RQIA Inspector assessing response	Priscilla Clayton	Date approved	24/2/2016

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address