

Unannounced Care Inspection Report 11 January 2018



Clifton House Residential Home

Type of Service: Residential Care Home
Address: 2 North Queen Street, Belfast, BT15 1EQ
Tel No: 028 9089 7532
Inspector: Kylie Connor

www.rqia.org.uk

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 27 places that provides care for residents living with a dementia, residents who are older in age, residents with a past or present addiction, one place for a person with a learning disability and one place for a person with a physical disability.

3.0 Service details

Organisation/Registered Provider: Clifton Care Home Limited Responsible Individual: Ms Paula Reynolds	Registered Manager: Mrs Frances McKernon
Person in charge at the time of inspection: Mrs Frances McKernon	Date manager registered: 17 November 2016
Categories of care: Residential Care (RC). I - Old age not falling within any other category DE - Dementia LD - Learning Disability PH - Physical disability other than sensory impairment A - Past or present Addiction	Number of registered places: Total number of 27 places comprising: 27 – RC - I 27 – RC - DE 27 – RC - A 01 – RC - LD for one identified individual 01 – RC - PH for one identified individual

4.0 Inspection summary

An unannounced care inspection took place on 11 January 2018 from 11.30 to 15.50.

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 in relation to training, activities, communication between residents, staff and other key stakeholders and governance arrangements.

Areas requiring improvement were identified in regard to fire safety checks, fire drills and recruitment processes.

The inspector advised the registered manager to ensure that minutes of staff meetings include an agenda and an action plan.

Residents and a resident's representative said that there was good communication in the home, that the standard of care, activities and food were great.

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
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Frances McKernon, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 08 June 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: the most recent care inspection report and returned QIP and notifications of accidents and incidents.

During the inspection the inspector met with 12 residents, the registered manager, the responsible individual, two care staff, two ancillary staff and one resident's representative.

Questionnaires were provided for distribution to residents and their representatives. One questionnaire was returned from a resident's representative. A poster detailing how staff could provide feedback was provided for display in the home. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- One staff recruitment record
- Three resident's care records
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care plans, accidents and incidents (including falls, outbreaks), infection control and residents weights
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents and representatives' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

- Individual written agreement
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially 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 the most recent inspection dated 08 June 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 08 June 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
Area for improvement 1 Ref: Standard 29.2 Stated: First time	The registered person shall ensure that fire safety checks are completed on a weekly/monthly basis. Ref: 6.4	Partially met
	Action taken as confirmed during the inspection: Inspection of records evidenced that checks were made in regard to fire alarm and the emergency lights. Monthly checks had not been made in regard to fire-fighting equipment nor in regard to the means of escape. This is stated for the second time.	

Area for improvement 2 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that a care plan for the management of diabetes is developed. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following inspection of one residents care record. The registered manager stated that the diabetic nurse would review the diabetic management care plan.	

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.

Discussion with 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, a resident's representative and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

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 and review of one staff personnel record confirmed that staff were largely recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Whilst for one newly recruited staff member two references had been obtained, from two different persons within the same organisation; a reference had not been obtained from the current or previous employer and an area for improvement was identified to comply with the regulations.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body. Staff spoken to stated that they were registered with the Northern Ireland Social Care Council (NISCC).

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the Adult Safeguarding Operational Procedures, 2016); 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.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager reported 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.

The registered manager reported there were restrictive practices employed within the home, notably locked doors, keypad entry systems, lap belts and pressure alarm mats. Discussion with the deputy manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The registered manager reported that there were risk management policy and procedures in place relating to the safety of the home. Discussion with the registered manager confirmed that these were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH) and fire safety.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of walking aids during the inspection evidenced that these were suitably maintained.

Staff training records confirmed that all staff had received training in (IPC) infection prevention and control 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 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 there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

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.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 24/10/17 with a date of review stated as 1/11/18. The registered manager stated that a previous risk assessment had been completed on 3/11/17 and recommendations were being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Records of fire drills including staff who attended, an evaluation of the drill and identification of any learning was not in place; an area of improvement was identified. Fire safety records identified that fire alarm systems and emergency lighting were checked weekly/monthly. However fire-fighting equipment and means of escape were not checked weekly/monthly and an area of improvement was re-stated. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff, a resident and a representative spoken with during the inspection made the following comments:

- "Training is good. We are kept up to date with all the training"(staff)
- "Oh yes, we feel safe. We are well looked after" (resident)
- "It's (standard of care) amazing. They are all treated as individuals" (representative)

One completed questionnaire was returned to RQIA from a resident's representative. They described their level of satisfaction with this aspect of the service as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, training, supervision, infection prevention and control and the home's environment.

Areas for improvement

Three areas for improvement were identified during the inspection. One area was stated for a second time in regard to fire safety checks. Two areas were identified in regard to the recruitment procedure and development of a template to be completed following the completion of fire safety drills.

	Regulations	Standards
Total number of areas for improvement	0	3

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, staff and residents 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 (e.g. manual handling, nutrition, falls, where appropriate) 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.

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 reported that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, accidents and incidents (including falls, outbreaks), residents weight and infection control were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager reported 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 and representatives' meetings, staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and a representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of residents and representatives' 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 advised that arrangements were in place, in line with the legislation, to support and advocate for residents.

Staff, a resident and a representative spoken with during the inspection made the following comments:

- “I’ve had phone calls to let me know. The communication is second to none” (representative)
- “They always help promptly” (resident)
- “The team is very good, we all pull together” (staff)

One completed questionnaire was returned to RQIA from a resident’s representative. They described their level of satisfaction with this aspect of the service as very satisfied.

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
Total number of areas for improvement	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.

Discussion with 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, residents and a representative confirmed that residents’ spiritual and cultural needs were met within the home. Discussion with the registered manager and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced in residents care records with the completion of the Abbey Pain tool, where appropriate.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with the registered manager, staff and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents, a representative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff demonstrated their awareness of promoting residents’ rights, independence and dignity; they were able to demonstrate how residents’ confidentiality was protected.

Discussion with the registered manager, staff and residents confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents reported that their views and opinions were taken into account in all matters affecting them. One issue raised by a resident in regard to domestic staff cleaning their room while they were present was used to enhance service provision and ensure person-centred care. This was good practice.

Discussion with staff, 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. These included, for example, residents' meetings, care reviews and a suggestion box.

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 any issues identified.

Discussion with staff, residents, and a representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents and staff spoke about residents attending tea dances in the community, going to the cinema and regular church services. During the inspection, the inspector observed residents participating in a game of bingo. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Staff, residents and a representative spoken with during the inspection made the following comments:

- “The food is always good. We get plenty of outings” (resident)
- “They are very friendly. They go out of their way to help you” (resident)
- “They are very supportive of families” (representative)
- “They all love a sing song and old movies or bingo or sit and have a natter” (staff)

One completed questionnaire was returned to RQIA from a resident's representative. They described their level of satisfaction with this aspect of the service as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, activity provision, 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
Total number of areas for improvement	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 in place within the home. 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.

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

Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

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. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

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

Discussion with the registered manager reported that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

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.

There was evidence of managerial staff being provided with additional training in governance and leadership as courses were identified. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with the registered provider identified that they had understanding of their role and responsibilities under the legislation. The registered manager verified that the registered provider was kept informed regarding the day to day running of the home.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

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 reported 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 verified that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager verified 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.

Staff, a resident and a representative spoken with during the inspection made the following comments:

- "They (the registered manager and deputy manager) are very approachable" (staff)
- "It's really good. It's managed brilliant" (staff)
- "They (managers) listen" (resident)
- "It's very professional. I've no issues with anything at all" (representative)

One completed questionnaire was returned to RQIA from a resident's representative. They described their level of satisfaction with this aspect of the service as very satisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Frances McKernan, 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.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 29.2 Stated: Second time To be completed by: 1 February 2018	<p>The registered person shall ensure that fire safety checks are completed on a weekly/monthly basis.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Fire fighting equipment template in place and monthly checks have commenced</p>
Area for improvement 2 Ref: Standard 19.2 Stated: First time To be completed by:	<p>The registered person shall ensure that before making an offer of employment:</p> <ul style="list-style-type: none"> • Two written references, linked to the requirements of the job are obtained, one of which is from the applicants present or most recent employer. <p>The identified staff record should be made good or a reason recorded why the previous/current employer reference was not received.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Reference has been requested twice by post and email. Evidence in personnel file. Another reference now in place from Senior Care Assistant from the Home.</p>
Area for improvement 3 Ref: Standard 29.6 Stated: First time To be completed by: 20 April 2018	<p>The registered person shall ensure that records of fire drills include staff who attended, an evaluation of the drill and identification of any learning.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Fire drill arranged for 8 March 2018 and will be repeated until all staff have completed the drill; records will be kept of all attendees with the evaluations and actions plans.</p>

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



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