

Inspection Report

18 October 2021



Clifton House Residential Home

Type of service: Residential Home
Address: 2 North Queen Street, Belfast, BT15 1ES
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Radius Housing Association Responsible Individual Ms Fiona McAnespie	Registered Manager: Ms Catrina O'Rourke – not registered
Person in charge at the time of inspection: Ms Catrina O'Rourke – Manager	Number of registered places: 27 Mild to moderate dementia in category RC-DE. RC-PH for one identified individual.
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. A – Past or present alcohol dependence.	Number of residents accommodated in the residential care home on the day of this inspection: 23
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. The home is divided over two floors and has access to a communal dining room and lounges.	

2.0 Inspection summary

An unannounced inspection took place on 18 October 2021, from 9.45 am to 6.00 pm by a care Inspector

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm, clean and inviting. Residents were relaxing in the communal areas of the home or their bedrooms.

It was established that staff promoted the dignity and well-being of residents. It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Staff were aware of residents mobility and food and drink requirements. Staff provided care in a compassionate manner and took time to ensure residents preferences and choices were considered.

A number of new Areas for Improvement were identified. Details can be found in the Quality Improvement Plan (QIP attached).

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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

The findings of this report will provide the Manager 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 and 'Tell Us' cards 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 Manager at the conclusion of the inspection.

4.0 What people told us about the service

Eight residents spoken with told us they felt safe in the home, were being well looked after and that the food was very good. Residents were complimentary about the staff the care provided.

Three relatives told us they were happy with the care provided by staff and staff kept them up to date on how their relative was and any changes in the home.

Staff said they worked well as a team and were well supported by the manager.

Staff commented that residents were “well looked after.”

Five residents’ questionnaires were received and residents confirmed that they were either satisfied or very satisfied that care in Clifton House Residential Home was safe, effective, compassionate and well-led.

Three written responses were received from the on-line staff survey which confirmed that staff were satisfied or very satisfied that residents were receiving safe, effective, compassionate and well-led care.

A record of compliments received about the home was kept and shared with the staff team.

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 18 March 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 all notifiable accidents and incidents in the home are reported to RQIA in accordance with regulations.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 14 (1) (b)	The registered person shall ensure that in the event of a fall, where a head injury is confirmed or suspected, medical advice and/or treatment is appropriately sought in a timely manner.	Met

Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 20.10 Stated: Second time	<p>The registered person shall ensure that the manager undertakes regular governance audits to assure the quality of the care and other services delivered on a daily basis to residents.</p> <hr/> <p>Action taken as confirmed during the inspection: This area for improvement was not met as evidence showed that regular audits were not completed for care records, wound care and nutrition. This area for improvement has been restated under the regulations.</p>	Not met
Area for improvement 2 Ref: Standard 6.6 Stated: First time	<p>The registered person shall ensure that relevant risk assessments and care plans are consistently reviewed in the event of a fall to reflect the resident's current needs.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A record was not held in the home to confirm recruitment processes were completed. Examination of one applicant's records showed that not all gaps in employment had been explored. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training had been completed for all staff. Staff had received supervision and an appraisal to ensure the quality of care provided for residents.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, resident were supported to spend time in communal lounges or their own bedrooms if preferred.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff told us that the residents' needs and wishes were important to them.

Review of records identified that some of the competency assessments, for staff in charge of the home in the absence of the manager, were not up to date. An area for improvement was identified.

Systems were in place to check that staff were registered with the Northern Ireland Social Care Council. Staff received supervision and appraisals to ensure the delivery of quality care. Residents said they were satisfied that there were enough staff to meet their needs and staff came quickly if residents used their buzzers.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were patient with residents who took longer to explain their needs and when residents used hand gestures to explain their needs.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

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

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example a risk assessment had been completed and bed rails and buzzer mats were used when appropriate.

Examination of records and discussion with the manager showed evidence that whilst care plans were generally up to date they lacked detail, were not kept up to date and did not reflect all residents current needs in relation to activities, skin care, fluid intake and pressure relieving devices. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff ensured residents were comfortable and had a meal that they preferred

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was choice of meals offered, the food was attractively presented, smelled appetising and portions were generous. There was a variety of drinks available. Lunch was a pleasant and unhurried experience for the residents.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed. Residents care records were held confidentially. Residents' individual likes and preferences were reflected throughout the records. Care plans contained specific information on what or who was important to them.

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

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was generally clean and tidy. Communal lounge areas were suitably furnished and comfortable and residents own bedrooms were personalised with items which were important to them. Throughout the home there were a number of areas which required repair or replacement including; chipped doors and tables, a shower wall, the dining room ceiling, walls and flooring, a hallway ceiling, a sideboard, a sofa and bedroom flooring. An area for improvement was identified.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. There was evidence throughout the home of 'homely' touches such as snacks and drinks available throughout the day.

Residents said their rooms were cleaned regularly and they felt safe. A relative described the home as clean and said they had no concerns or complaints.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on the use of PPE had been provided. PPE was available throughout the home. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

There was evidence that not all infection prevention and control practices were followed in the home. For example; open packets of gloves, aprons and face masks were stored in bathrooms, a toilet brush was unclean, a number of chairs were unclean, a kitchen sink and shelves were unclean and clean pillows were stored on a floor. An area for improvement was identified.

Observation identified a fluid thickening agent and cleaning chemicals had not been stored in a locked cupboard for the safety of residents. This was brought to the attention of staff for their immediate action. An area for improvement was identified.

Visiting arrangements were managed in line with DoH and IPC guidance. A temperature check and health questionnaire was completed by all visitors to the home.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Could have visits with family/friends in their room and choose to spend time with other residents in communal lounges or stay in their own bedroom.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example; planning activities and menu choices.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff. As said previously residents had been consulted to plan their activity programme. The range of activities included a sing a long, quizzes, arts and crafts, pampering sessions, tea and a chat, knitting and board games.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Catrina O'Rourke has been the acting manager in this home since 26 October 2020 and is to submit an application to RQIA to become the registered manager.

There was evidence that a robust system of auditing had still not been put in place to monitor the quality of care and other services provided to residents. This was discussed with the manager and has been re-stated as an area for improvement under the regulations.

Residents and their relatives spoken with said that they knew how to report any concerns and said they were confident that the person in charge would address this. Review of the home's record of complaints confirmed that these were well managed.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Staff commented positively about the manager described her as supportive and approachable. Staff also commented that the manager was always available if they needed guidance.

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 in detail; however, where action plans for improvement were put in place, these were not always followed up to ensure that the actions were correctly addressed in a timely manner. An area for improvement was identified.

6.0 Conclusion

The home was generally clean and tidy and residents' rooms were personalised with their own belongings. Residents were spending time in the communal areas of the home or their own rooms.

Residents and visitors were complimentary about the care provided in the home, the staff and the food. Residents and staff interactions were friendly and professional. There was a variety of activities available for residents to participate in if desired.

Based on the inspection findings eight areas for improvement were identified. Six were in relation to safe and effective care and two were in relation to the service being well led – details can be found in the quality improvement plan (QIP) included.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011). (Version 1.1).**

	Regulations	Standards
Total number of Areas for Improvement	4	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Catrina O'Rourke, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (a) Stated: First time To be completed by: With immediate effect	The responsible person shall put systems in place to ensure the residential care home promotes and makes proper provision for the health and welfare of residents. This is in relation to quality monitoring audits. Ref: 5.1, 5.2.5 Response by registered person detailing the actions taken: The registered managers monitoring audit has been reviewed to increase oversight of care plans, evaluations, updates and IPC

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Older items of furniture will be disposed of. all chairs are washed down each day, checks will be completed following meals to attend to any spillages. Storage areas will be subject to ongoing review by the RM.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect.</p>	<p>The responsible person shall ensure that all areas of the home to which residents have access to are free from hazards to their safety. This is in relation to fluid thickening powder and cleaning chemicals.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: these items have been removed from the staff area, all staff have been reminded that fluid tickening powder and cleaning agent must be locked away after use.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible person shall ensure that monthly monitoring reports are completed in a robust manner at all times; this includes but is not limited to the timely completion of identified actions within such reports.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: the monthly monitoring report includes a spot check all areas of operation within the home. the action plan is reviewed, closed out or progress updated at the commencement of the following month visit. Actions which are challenging to achieve ie major refurbishment works will be reviewed in a different format in the future</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 19</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The responsible person shall ensure a record is kept in the home to show staff are recruited and employed in accordance with relevant statutory employment legislation. This is in relation to exploring any gaps in employment.</p> <p>Ref: 5.2.1</p>

With immediate effect	<p>Response by registered person detailing the actions taken: All staff are recruited and employed in accordance with relevant statutory employment legislation. a check of any gaps in employment has been introduced and added to the current recruitment and employment checklist.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible person shall ensure there is a competent and capable person in charge of the home at all times.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The registered manager and the senior team all have the required qualifications and experience for the role. all staff complete a full induction, shadow/mentoring time and attend relevant mandatory/nonmandatory training. An additional form to demonstrate this will be introduced.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The responsible person shall ensure there is an up to date care plan in place which reflects the residents' current needs. This is in relation to activities, skin care, fluid intake and pressure relieving devices.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All residents have a care and support plan. the senior team have been reminded of the required level of detail and the need to evaluate and update this plan as needs change</p>
<p>Area for improvement 4</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2021</p>	<p>The responsible person shall ensure the premises and grounds are well maintained and suitable for their stated purpose. This is in relation to the areas identified for repair or replacement.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Clifton is scheduled to have major refurbishment works completed. these works have been subject to delay due to the pandemic and will commence in the new financial year. An interim programme of works to replace flooring and repainting in some areas is to commence in advance of this wider scope of works in the current financial year. All existing carpets have been deep cleaned.</p>

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