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Unannounced Care Inspection
of
Clifton House Residential Home

1 October 2015

The Regulation and Quality Improvement Authority
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1. Inspection

An unannounced care inspection of Clifton House Residential Home took place on 1 October 2015 from 10.00 to 14.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard and theme we inspected were assessed as being met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. These pertain to improvements in a policy and procedure, signatures on assessments and care plans and completion of fire safety checks.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care (2013).

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 care 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	0	4

The details of the QIP within this report were discussed with Frances McKernon, Registered Manager (Pending) and Paula Reynolds, Chief Executive. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Deborah Oktar-Campbell	**Registered Manager:** Francis McKernon (pending)
Person in charge of the home at the time of inspection: Francis McKernon	**Date manager registered:** Registration pending
Categories of care: RC-LD, RC-PH, RC-I, RC-DE	**Number of registered places:** 27
Number of residents accommodated on day of inspection: 24	**Weekly tariff at time of inspection:** From £500

3. Inspection focus

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

Standard 14: The death of a resident is respectfully handled as they would wish.
Theme: Residents receive individual continence management and support.

4. Methods/process

Prior to the inspection we analysed the following records: the returned Quality Improvement Plan (QIP) from the previous care inspection and the incidents register.

During the inspection we met with the registered manager (pending), eight residents and two care staff.

We inspected the following records: three residents care records; complaint and compliment records; accident and incident records; fire safety check records; staff training records in regard to fire safety and the areas being inspected and policies and procedures pertaining to the areas inspected.

We distributed staff and resident questionnaires during the inspection. Three residents completed a questionnaire with us during the inspection. Two resident questionnaires and one staff questionnaire were returned to us at the completion of the inspection. Four staff questionnaires were returned to us following the inspection. All questionnaires were analysed by us.

5. The inspection

5.1 Review of requirements and recommendations from the last care inspection

The previous inspection of the home was an unannounced care inspection 17 November 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of compliance
Requirement 1 **Ref**: 27 (4) (b)	The registered person shall - take adequate precautions against the risk of fire, including the provision of suitable fire equipment; • The need for door closures should be reviewed and actioned to fit door closures to all doors, in line with the guidance information letter sent by RQIA.	**Met**
	Action taken as confirmed during the inspection: Following our inspection of the premises and discussion with the registered manager (pending) we confirmed that this had been addressed.	
Previous inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 9.1	The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process. • Ensure there is a record and system to manage residents' dental check-ups	**Met**
	Action taken as confirmed during the inspection: We inspected the homes dental folder and confirmed that this had been addressed as recommended.	

Previous inspection recommendations		Validation of compliance
Recommendation 2 **Ref**: Standard 21.1	The policies and procedures are in accordance with statutory requirements for all operational areas of the home. • Develop a policy on continence promotion • Review the policy on admission(2008)	**Partly Met**
	Action taken as confirmed during the inspection: We inspected the two policies and procedures. The continence promotion policy and procedure needs further improvement to support and guide staff, reflect current good practice guidance and management arrangements. The policy on admission had been improved as recommended. This recommendation had been partly addressed.	
Recommendation 3 **Ref**: Standard 9.5	There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service. • Review and ensure residents attend dental check-ups and review develops a system for management in the home.	**Met**
	Action taken as confirmed during the inspection: Through an inspection of a dental file and discussions with the registered manager (pending) we confirmed that this recommendation had been addressed.	

Recommendation 4 **Ref**: Standard 17.1	Homes should operate a complaints procedure that meets the requirements of the HSC Complaints Procedure and is in accordance with the relevant Legislation and DHSSPS guidance on Complaints in Residential and Nursing Homes. • All expressions of dis-satisfaction made by any person at any forum should be recorded in the complaints record including food. • Review tea-time menu with residents and staff and improve	**Met**
	Action taken as confirmed during the inspection: Through our discussions with staff and residents and an inspection of the complaints record, we confirmed this recommendation had been addressed.	
Recommendation 5 **Ref**: Standard 27.1	The building is kept clean and hygienic at all times and decorated to a standard acceptable for the residents. • Develop a schedule for re-decoration and prioritise painting and replacing stained carpet.	**Met**
	Action taken as confirmed during the inspection: Through an inspection of the premises and discussions with staff we confirmed this recommendation had been addressed.	

Areas for improvement

There was one area of improvement stated for the second time. This pertains to the policy on continence promotion.

Number of requirements	0	**Number of recommendations**	1

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The registered manager (pending) and staff confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this.

We confirmed that needs assessments, risk assessments and care plans were in place and kept under continual review. Documentation was amended as changes occurred to residents' care or welfare.

Three residents care records inspected were kept up to date to accurately reflect at all times the residents' needs and preferences. The needs assessments and care plans were not appropriately signed. We made two recommendations in regard to this.

Assessments and care plans detailed the residents' or families wishes regarding any specific arrangements at the time of his or her death. Care plans also recorded the spiritual and cultural wishes of the residents. When there had been discussion with the general practitioner, relating to a care pathway, the registered manager (pending) confirmed to us that this would be documented within the care records.

Is care effective? (Quality of management)

The home had a policy and procedure dated May 2015 in place relating to dying and death of a resident. Current best practice guidance was referenced. However, the home did not have a copy of the current best practice guidance. The registered manager (pending) assured us that she would obtain a copy without delay.

Through a review of staff training records and discussion with the registered manager (pending) we confirmed that four staff had attended training in spiritual awareness and bereavement on 11 February 2015. All care staff and domestic staff had completed training in the area of dying and death on 23 April 2015.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (general practitioner, district nursing, occupational therapy, speech and language therapy and dietician). Notification of a death is made to all relevant parties in a timely manner.

The registered manager (pending) confirmed to us that recent expected deaths in the home were facilitated at the families and GP request and palliative care pathway were initiated. The home keeps a file of 'useful phone numbers' and basic information pertaining to the residents which are used in regard to any situation that may occur in the home.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is care compassionate? (Quality of care)

Staff members reported to us that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate informed values that underpin care within the home as they related to dying and death of a resident.

The registered manager (pending) and staff reported to us that residents would be made aware of the death of a fellow resident.

The registered manager (pending) confirmed to us that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. The registered manager (pending) reported to us that the home bought an electric sweeper to aid domestics clean a room occupied by an ill resident or a resident at the end of life to minimise noise and disruption. This is commended.

The registered manager (pending) confirmed to us that the deceased resident's belongings would be handled with care and his or her representative is consulted and assisted with the removal.

Areas for improvement

There were two areas of improvement identified from the standard inspected. These pertain to signatures on assessment and care plans. This standard was met.

Number of requirements	0	**Number of recommendations**	2

5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

Staff were knowledgeable and demonstrated an understanding of continence care. Training was scheduled to be delivered to staff on 20 October 2015.

We reviewed three residents' care records which confirmed that a person centred assessment and care plan relating to continence was in place. Staff members were able to describe to us the system of referral for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management. The home had a continence promotion file to aid the management of continence assessments, supply of continence products and review thereof.

Following our inspection of the environment and discussions with the registered manager (pending) and staff, we confirmed that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels. Staff confirmed to us that gloves, aprons and hand washing dispensers were available. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is care effective? (Quality of management)

The home had a policy and procedure relating to continence promotion dated January 2015. However, it did not fully reflect current best practice guidance in providing direction and guidance for staff. We have re-stated a recommendation on continence promotion from the previous care inspection. The home did not have copies of the current best practice guidance. The registered manager (pending) assured us that she would obtain these immediately.

We reviewed the care records and noted that continence needs were documented. Staff were knowledgeable regarding where guidance and advice could be sought. Discussions with staff and inspection of care records, confirmed that no residents had reduced skin integrity associated with poor continence management. There were no mal-odours in the home.

Is care compassionate? (Quality of care)

In our observations of care practices, residents were treated with care, dignity and respect when being assisted by staff. In our discussion with residents they confirmed that staff provide care and support in a sensitive, kind and caring manner.

Following discussions, we confirmed that staff recognised the potential loss of dignity associated with incontinence. Staff described how care is delivered in a compassionate manner. Staff articulated those values that underpin care within the home as they related to continence management and support.

Areas for improvement

There was one area of improvement identified within this theme in regard to a policy and procedure. This had been re-stated from a previous inspection and consequently is not included in this section. This theme was assessed as met.

Number of requirements	0	**Number of recommendations**	0

5.5 Additional areas examined

5.5.1 Residents' views/returned questionnaires

We met with eight residents individually. A total of six questionnaires were returned and analysed by us. In accordance with their capabilities, all residents indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "You can go if you want to(the activities)."
- "The staff are all good. Monday to Friday we have (staff named) who does different things (activities)."
- "I've a big appetite, I eat a lot of fruit and veg."
- "The staff are always very friendly, always smile. I am very pleased and happy how we are attended when we call on them."
- "The atmosphere in the home is happy."
- "The food and the people are nice."

5.5.2 Staff views/ returned questionnaires

We met with two care staff. They spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties. Five staff questionnaires were returned and analysed by us. Positive responses were indicated in all areas within the questionnaire.

Some comments included:

- “All staff work very well together and try to make it like home.”
- “We do a lot of training which I think is very good.”
- “We involve families in all that we are doing.”
- “The home is run very well and everyone is happy.”

5.5.3 Environment

Following an inspection of the environment, we confirmed that the home was clean, tidy and most areas were decorated to a very good standard. Staff reported to us that painters were currently painting all communal areas in the home. We observed the painters decorating the area around the staircases in the home

5.5.4 Care practices

In our observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

5.5.5 Accidents / incidents

Following discussion with the registered manager (pending) and inspection of a randomly selected number of accident and incidents records for the previous two months, we confirmed that these had been reported and managed appropriately.

5.5.6 Complaints / compliments

Following an inspection of complaint records and a discussion with the registered manager (pending) we confirmed that complaints made from the 1 January 2014 to the date of the inspection had been managed appropriately. Two compliment cards from residents representatives were reviewed which expressed positive views of the care and attention their relative received.

5.5.7 Fire safety

The registered manager (pending) reported to us that the most recent fire risk assessment had been undertaken on 30 September 2015 and the report had not been received into the home at the time of the inspection. The registered manager (pending) confirmed to us that she would actively work to address recommendations made.

Following inspection of staff training records we confirmed that staff had received two fire safety training in the last 12 months. Training dates included 26 May 2015, 2 June 2015 and 28 October 2014. The registered manager (pending) reported to us that the next training date was scheduled to take place on 16 and 23 November 2015.

We inspected the fire safety check records. The last fire drill had been carried out on 21 September 2015. The emergency lights and nurse call system had not been tested on a monthly basis. We have made a recommendation in regard to this. There were no obvious fire risks.

Areas for improvement

There was one area of improvement identified from the standard inspected. This pertains to fire safety testing.

Number of requirements	0	**Number of recommendations**	1

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Frances McKernon and Paula Reynolds 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, 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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Recommendations	
Recommendation 1 **Ref**: Standard 21.1 **Stated:** Second time **To be completed by:** 1 January 2016	The policies and procedures are in accordance with statutory requirements for all operational areas of the home. • Develop a policy on continence promotion Further improvements should be made to support and guide staff, reflect current best practice guidance and governance arrangements. **Failure to address this recommendation may result in the Authority initiating enforcement action.**
	Response by Registered Person(s) detailing the actions taken: The continence promotion policy was updated in January 2015 and has now been updated to provide more detailed guidance for staff. There is a total policy review in progress that will include participation and review by the staff and the governance committee.
Recommendation 2 **Ref**: Standard 5.4 **Stated:** First time **To be completed by:** 1 January 2016	The registered person should ensure that all needs assessments are signed by the resident or their representative, where appropriate and the member of staff responsible for carrying it out. Where a resident or their representative are unable to sign or choose not to sign, this is recorded.
	Response by Registered Person(s) detailing the actions taken: Key staff have been in contact with the resident or representative to encourage participation and signing of the needs assessments. If they decline to sign the documentation this will be recorded. It is anticipated this process will be completed by 1 January 2016. Staff will be reminded at training of the need to obtain signatures as part of the assessment and care planning process.
Recommendation 3 **Ref**: Standard 6.3 **Stated:** First time **To be completed by:** 1 January 2016	The registered person should ensure that all care plans are signed by the resident or their representative, the member of staff responsible for carrying it out and the registered manager. Where a resident or their representative are unable to sign or choose not to sign, this is recorded
	Response by Registered Person(s) detailing the actions taken: Key staff have been in contact with the resident or representative to encourage participation and signing of the needs assessments. If they decline to sign the documentation this will be recorded. It is anticipated this process will be completed by 1 January 2016. Staff will be reminded at training of the need to obtain signatures as part of the assessment and care planning process.

Recommendation 4 **Ref**: Standard 29.2 **Stated:** First time **To be completed by:** 10 November 2015	The registered person should ensure that the function testing of the emergency lights and the nurse call system are carried out on a monthly basis.
	Response by Registered Person(s) detailing the actions taken: This deficit had also been identified through internal audit and a need to appoint a handyman was raised. This is now in progress. To maintain compliance and ensure the checks are completed a confirmation section has been added to the internal monthly report. Checks commenced on the 13th October and are now completed monthly

Registered Manager completing QIP	Frances Mc Kernon	**Date completed**	18/11/15
Registered Person approving QIP	Deborah Oktar-Campbell	**Date approved**	20/11/15
RQIA Inspector assessing response	Alice McTavish	**Date approved**	24/11/15

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