



Secondary Unannounced Care Inspection

Name of Establishment: Clifton House Residential Home

Establishment ID No: 1590

Date of Inspection: 8 May 2014

Inspector's Name: Kylie Connor

Inspection No: 16616

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of Home:	Clifton House Residential Home
Address:	2 North Queen Street Belfast BT15 1EQ
Telephone Number:	(028) 9089 7532
E mail Address:	residential@cliftonbelfast.org.uk
Registered Organisation/ Registered Provider:	Mr Ken Brown Belfast Charitable Society
Registered Manager:	Frances McKernon (Acting)
Person in Charge of the home at the time of Inspection:	Frances McKernon (Acting)
Categories of Care:	RC-I, RC-DE
Number of Registered Places:	27
Number of Residents Accommodated on Day of Inspection:	26 (1 vacancy)
Scale of Charges (per week):	£467
Date and type of previous inspection:	28 November 2013 Announced Primary Care Inspection
Date and time of inspection:	8 May 2014 10:40am to 4:30pm
Name of Inspector:	Kylie Connor

INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager (acting)
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard/s:

STANDARD 24 - STAFF SUPERVISION AND APPRAISAL

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

Clifton House Residential Home is situated within the Old Clifton House building which housed a long established and well known charitable institution in Belfast run by the Belfast Charitable Society. The Home was opened in 2003 following extensive adaptation to the building, undertaken by Belfast Improved Housing Association. The home is situated within the Belfast Health and Social Care Trust geographical area.

The home is registered for the following categories of care:

RC – I (Old Age not falling into any other category)
RC – DE (Dementia)

The adaptation provides modern accommodation meeting standards of environment and of health and safety while maintaining the character of the building. Three bedrooms are double, the remainder are single and all have en-suite facilities and some have small kitchenettes. There are a number of lounges, a kitchen for resident activities and ample sitting areas.

An outside courtyard, located at the centre of the building is accessible. All of the key facilities, kitchen, laundry, dining room and assisted bathroom are of a good standard. There is adequate car parking available.

SUMMARY

This is a summary of an unannounced secondary care inspection of Clifton House Residential Home which took place on 8 May 2014 from 10:40am to 4:30pm by Kylie Connor, Inspector. The registered manager (acting) confirmed that she continues to work towards the Qualifications and Credit Framework (QCF) Level 5 qualification and was available for discussion, clarification and feedback during and at the conclusion of the inspection.

The home was observed to be clean, tidy and fresh smelling. The inspector spoke to residents, staff and visitors. All expressed positive views regarding the conduct of the home and of the care and support provided. Good relations were observed between staff and residents. No concerns, complaints or suggestions for improvements were raised. Further information is available in regard to these matters in the additional areas examined section of the report.

The inspector focussed on examining the previous quality improvement plan. Four recommendations were found to be compliant, one was found to be moving towards compliance and has been re-stated for a second time. This pertains to the homes vulnerable adult policy and procedure.

The inspection focussed on examining standard 24 – staff supervision and appraisal. The home attained the level of substantially compliant in regard to this standard.

There was evidence that the registered manager (acting) is trained in supervising staff. Evidence demonstrated that policies and procedures pertaining to the areas of staff supervision and appraisal need to be revised or developed. The inspector has directed the home to a good practice guide published by Social Care Institute for Excellence (SCIE) and to the Northern Ireland Social Care Council (NISCC) Codes of Practice for Social Care Workers and Employers of Social Care Workers (2002) when developing or reviewing supervision and appraisal policies and procedures.

Evidence demonstrated that staff supervision and appraisals were overdue and that governance arrangements, in managing compliance, in this area need to be improved. It is acknowledged that recent managerial changes have contributed to staff supervision and appraisals being overdue. However, the inspector is assured by the prompt actions taken by the registered manager (acting) following the inspection.

There were a total of nine recommendations made following this inspection. These are in the areas pertaining to staff supervision, appraisal and vulnerable adult policies and procedures; records; governance arrangements; fire safety; furniture in an identified bedroom and temperature levels in the home.

The inspector wishes to acknowledge the full co-operation of the registered manager (acting), residents, visitors and staff throughout the duration of the inspection. The inspector would like to thank all those involved for their time, open and honest conversation and for the hospitality received.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	11.1	The registered manager (acting) should review and improve the content of the care review policy and procedure.	The registered manager (acting) confirmed the policy was reviewed in December 2013. Examination evidenced that it should detail arrangements for residents who are self-funding, where no care manager is involved. This policy was subsequently amended and forwarded to the inspector prior to the report being issued. The inspector provided additional feedback. This is not re-stated.	Compliant
2	11.3	The registered manager (acting) should review and improve the content of the pre-review report in regard to finance support provided by the home. This specifically relates to 'the kitty'. The home should ensure that this support is also included in residents' care plans.	A review of the amended template evidenced necessary improvements have been made. This is not re-stated.	Compliant
3	16.1	<p>Procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local procedures issued by Health and Social Care Boards and Trusts.</p> <p>A copy should be forwarded to the inspector.</p>	A review of the policy and procedure evidenced a number of areas need further improvement. These were discussed with the registered manager (acting) including: the inclusion of the correct contact numbers for the safeguarding of vulnerable adult team; the regional out of hour's team; how staff should and should not respond; the contact numbers for Northern Ireland	Moving towards compliance

			<p>Social Care Council and the Disclosure and Barring Service.</p> <p>It is further recommended that a recording template is devised and that all staff read the revised policy and procedure and sign that they have read and understood it. This is re-stated.</p>	
4	19.2	Ensure all Access NI certificates are held in accordance with Access NI guidance and that the recruitment policy and procedure reflects this.	The registered manager provided evidence that this is in place. This is not re-stated.	Compliant
5	20.11	<p>The registered person monitors the quality of services in accordance with the home's written procedures and completes a monitoring report on a monthly basis.</p> <p>This report summarises any views of residents ascertained about the quality of the service provided, and any actions taken to ensure that the organisation is being managed in accordance with minimum standards. The reports should pertain to the residential homes legislation and residential care homes minimum care standards. Dates of visits should pertain to the month being reported on. (The additional areas examined refers)</p>	Evidence reviewed dated 2 March 2014 and improvements were noted. One area was brought to the Registered Managers attention which would improve governance and she assured the inspector that she will bring this to the identified person during their next visit. This is not re-stated.	Compliant

STANDARD 24 - STAFF SUPERVISION AND APPRAISAL

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

Criterion Assessed:	COMPLIANCE LEVEL
24.1 Managers and supervisory staff are trained in supervision and performance appraisal.	
Inspection Findings:	
<p>The registered manager (acting) stated that staff supervision is scheduled to be carried out on a six monthly basis and from January 2014 she has been solely responsible to carried out supervision and performance appraisal for all senior care assistants, care assistants and auxiliary staff. Prior to January 2014 the current registered manager (acting) was a unit manager within the home and had jointly carried out appraisals with the then registered manager.</p> <p>Discussion with the registered manager (acting) and review of staff training records revealed the registered manager (acting) had attended training in performance appraisal in May 2010. The registered manager (acting) stated that the previous registered manager trained her in staff supervision in 2010 but no record was held.</p> <p>The registered manager (acting) stated that she is capable and competent in conducting staff supervision and appraisal. The registered manager (acting) is currently completing QCF level 5 and confirmed that this will include staff supervision and appraisals.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
24.2 Staff have recorded individual, formal supervision according to the home's procedures and no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision is held for new staff and staff who are not performing satisfactorily.	
Inspection Findings:	
<p>A policy and procedure for staff supervision was not available in the home and a recommendation has been made. The inspector refers the registered manager (acting) to the guidance published by SCIE, Effective supervision in a variety of settings (May 2013) and to NISCC Codes of Practice for Social Care Workers and Employers of Social Care Workers (2002) when developing or reviewing both supervision and appraisal policies and procedures.</p> <p>Supervision arrangements were reviewed for four care staff with different roles. A review of the records of dates staff supervision took place and the supervision schedule of dates planned revealed that formal supervision had</p>	Moving towards compliance

<p>not been undertaken in line with the schedule or with this standard for three of four staff. Missed dates had not been re-arranged or removed from the schedule. The registered manager (acting) confirmed that auxiliary staff were also overdue supervision, with records evidencing that the majority of these staff last having supervision on 3 July 2013.</p> <p>The registered manager (acting) informed the inspector that more frequent recorded supervision would be undertaken for new staff and staff who were not performing satisfactorily.</p> <p>The registered manager confirmed to the inspector that outstanding supervisions had taken place prior to the issue of the inspection report. A recommendation has been made.</p> <p>The inspector met with three staff with different roles who confirmed that they have received formal supervision. One new staff member confirmed that she had had supervision twice in the previous six months.</p>	
<p>Criterion Assessed: 24.3 Supervision sessions are planned in advance and dedicated time set aside.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p> <p>Discussion with the registered manager (acting), two care staff and one non-care staff member confirmed that supervision sessions were planned in advance and dedicated time was set aside for supervision. However, evidence reviewed demonstrated that when scheduled supervision did not take place, there was no system in place to amend the schedule or re-organise a new date. A recommendation has been made.</p>	Substantially compliant
<p>Criterion Assessed: 24.4 Supervisory staff report any serious and/or recurring issues arising in supervision to the manager.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p> <p>Discussion with the registered manager (acting) confirmed that any serious and/or recurring issues arising are discussed in supervision. One staff spoken to confirmed this.</p> <p>The inspector was informed that current arrangements are that the registered manager (acting) reports any concerns to the registered provider.</p>	Compliant

<p>Criterion Assessed: 24.5 Staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p> <p>Discussion with the registered manager (acting) revealed a policy on training strategy (2008) is in place however, it did not include any reference to appraisals or the development of staff personal development plans. A recommendation has been made. A policy for staff appraisals was available dated 2008. A recommendation has been made. The inspector reviewed this policy and found that it included the frequency and process in regard to performance appraisal, including the template used.</p> <p>Discussion with the registered manager (acting) confirmed that she now has overall responsibility for performance appraisals, which are planned to commence during the month of May 2014. The inspector was informed that they had been due to commence in November 2013 but a number of periods of sick leave and managerial changes have led to a delay. A recommendation has been made. The inspector was informed prior to the report being issued that appraisals would commence on 22/5/14.</p> <p>Discussion with two care staff and one non-care staff members confirmed that they benefited from the appraisal meetings and that they were involved in agreeing their training needs. The registered manager (acting) confirmed that the outcome of supervision and appraisal sessions informs the development of the annual training programme. Separate supervision folders and appraisal folders are kept, and there was confirmation that no joint supervision/appraisal takes place.</p>	Substantially compliant
<p>Criterion Assessed: 24.6 Staff who are contracted to undertake specific services receive guidance and support that corresponds to their role and responsibilities.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p> <p>The inspector spoke to staff who had been employed regularly as an agency worker for six months and had not received formal supervision during this time. Discussion with the registered manager (acting) revealed that it is rare for staff contracted into the home to undertake specific services and that any agency staff used are mainly cover one identified shift. A recommendation has been made.</p>	Moving towards compliance

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

ADDITIONAL AREAS EXAMINED

1.1 Environment

An inspection of a random number of bedrooms and communal areas evidenced that the home was clean, fresh-smelling, appropriately decorated and furnished. A number of bedrooms were observed to be very warm with a thermometer reading 26 degrees. A recommendation has been made.

A number of bedrooms have small kitchenettes and fire blankets fixed to the wall, were observed not to be in the fire blanket container. A recommendation has been made. Bedroom furniture in one twin room was observed to be worn with bare wood exposed. A recommendation has been made.

One bedroom door was observed to be wedged open. The registered manager (acting) explained the recent need for this and of measures in place to manage the risk in what was anticipated to be necessary for the next few days. It was confirmed that a hold open device has been urgently requested as soon as the need was identified. A recommendation has been made.

1.2 Residents' Views

During the inspection the inspector met with fifteen residents individually. The inspector also spoke with a group of eight residents together in an activity kitchen who talked about how much they enjoyed the cooking/baking activities. The residents consulted expressed satisfaction with their lifestyle within the home, with the care and support they receive and with staff attitude, food and activities.

Examples of residents' comments were as follows:

"They (the staff) are very good to us, very good."
 "They (the staff) are always ready to listen and talk to us."
 "It's great to relax and be at ease. You get your meals."
 "The food is good. Everything is great here."

1.3 Staff Views

In addition to the registered manager, the inspector met with three staff with different roles during the inspection. They expressed satisfaction with the conduct of the home. No concerns or suggestions for improvement were raised.

Examples of staff comments were as follows:

"They get a lot more individual attention than in the bigger homes"
 "Staff have a great bond with the residents and visitors. It's homely."
 Supervision;
 "The manager is very approachable."
 "You can't do this job if you don't like it."
 "The time meal is good and a choice of hot or cold, a good choice and quality is good."

1.4 Visitors' Views

During the inspection the inspector met with three visitors individually who expressed positive views in regard to the conduct of the home, communication and the care and support their relative receives.

Examples of visitors' comments were as follows:

"It's good (the home). I was always apprehensive about these places. They do a lot of activities...the girls couldn't be nicer."

"It's brilliant (the standard of care provided). She's looking brilliant, she is well looked after."

"They do something every day. There is cooking, bowls and schools come in."

"If there is any problems, they (the staff) would ring me."

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Francis McKernon, Acting Manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Secondary Unannounced Care Inspection

Clifton House Residential Home

8 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Francis McKernon, Acting Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	16.1	<p>Procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local procedures issued by Health and Social Care Boards and Trusts. Improvements necessary are detailed in the report.</p> <p>All staff should read the revised policy and procedure and sign that they have read and understood it.</p> <p>A copy of the revised policy and procedure should be forwarded to the inspector. (The follow up on previous issues refers)</p>	Two	<p>Legislation protocols and procedures have all been included into policy all improvements necessary have been made.</p> <p>Staff meeting has been held safeguarding was the agenda all staff have been informed to read a shared responsibility and to read updated policy.</p> <p>Copy was sent to inspector 09.06.14</p>	1 July 2014
2	16	A template should be developed to record the vulnerable adult referral and investigation process. (The follow up on previous issues refers)	One	Template completed kept in safeguarding file	1 July 2014
3	24.2 24.3	Staff have recorded individual, formal supervision according to the home's procedures and no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision is held for new staff and staff who are not performing satisfactorily.	One	All staff supervision has been completed including my own was supervised by Mr Brown responsible person new schedule now in place edivence of supervision less than six months on schedule	By return of QIP

		Ensure that systems are reviewed to improve governance in this area. Particular attention should be paid to the system of updating the supervision schedule to show a cancelled/post-phoned and re-organised supervision.		Schedule clearly shows at a glance completed supervision and supervision needed	
4	24.2 24.5 24.6	<p>Develop a staff supervision policy and procedure.</p> <p>Review the: Staff appraisal policy and procedure (2008) and the Policy on training strategy (2008).</p> <p>The development of individual personal development plans and ensuring that staff, who are contracted to undertake specific services receive supervision and appraisal should be included.</p> <p>The home should ensure that SCIE, Effective supervision in a variety of settings (May 2013) and to NISCC Codes of Practice for Social Care Workers and Employers of Social Care Workers (2002) when developing or reviewing both supervision and appraisal policies and procedures.</p>	One	<p>policy completed</p> <p>Appraisal policy reviewed and uodated personal development plans in place Policy on training has been updated all training has been idenified and sourced</p> <p>Any long-term agency staff or bank staff will be included in suprevision and appraisals</p> <p>Did research both sites to develop polices</p>	1 July 2014
5	24.5	Staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.	One	appriasals has commenced for all staff will be completed by 20.07.14 as agreed on inspection personal development plans will be	By return of QIP

		Confirm that all staff have had an annual appraisal completed. Review systems to improve governance in this area.		agreed on appraisal New schedule for appraisals completed will improve governance	
6	27 35	The identified bedroom furniture where bare wood is exposed should be sanded and varnished to improve the appearance and effective infection control. (The additional areas examined refers)	One	New bedside lockers has been purchased chest of drawers 2 sets have been sanded and varnished	1 July 2014
7	27	The temperature in areas occupied or used by residents is between 19°C - 22°C. Review and monitor temperature levels. (The additional areas examined refers)	One	control thermostat in office has been checked by helm is now working on controls will monitor random temperatures weekly	From the date of the inspection and on-going
8	29	The need for door closures should be reviewed and a schedule developed to fit door closures to all doors, in line with the guidance information letter sent by RQIA. (The additional areas examined refers)	One	I have informed Mr Brown Responsible person and Helm they are in discussions with contractors for prices and will inform Mr Brown and myself of outcome	1 August 2014
9	29	Review fire blankets fitted in residents' bedrooms and introduce a system for checking these on a regular basis. (The additional areas examined refers)	One	In discussions at present with Helm Housing. Decision is being made if fire blankets are going to remain in rooms or will be removed awaiting letter from helm and risk assessment	From the date of the inspection and on-going

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Frances MC Kernon
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Ken Brown

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	K.Connor	30/6/14
Further information requested from provider			