

# Unannounced Care Inspection Report 8 June 2017



## 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](http://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 beds that provides care for residents living with dementia, residents who are older and residents with past or present addiction.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Ms Paula Reynolds - registration pending	<b>Registered Manager:</b> Mrs Frances McKernon
<b>Person in charge at the time of inspection:</b> Sadie McKeown, Deputy Manager	<b>Date manager registered:</b> 17 November 2016
<b>Categories of care:</b> 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	<b>Number of registered places:</b> 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 8 June 2017 from 08:00 to 14:30.

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 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.

Evidence of good practice was found in relation to annual appraisal, training, activities, communication between residents, staff and other key stakeholders and governance arrangements.

Areas requiring improvement were identified in regard to the completion of fire safety checks and the development of care plans for the management of diabetes.

Residents said that staff were helpful, kind and caring and that they promoted their dignity and privacy. They said that they enjoyed the activity programme and that the home was kept clean and tidy.

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
<b>Total number of areas for improvement</b>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Paula Reynolds, responsible person (registration pending) and Sadie McKeown, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 30 January 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 notifications of accidents and incidents.

During the inspection the inspector met with the responsible person, the deputy manager, five residents, two care staff, one ancillary staff, one activity worker, a district nurse and one resident's visitor/representative.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Five questionnaires were returned within the requested timescale.

A lay assessor, Trevor Lyttle, was present during part of the inspection and comments obtained while speaking with five residents are included within this report.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Three residents' care records
- Three individual agreements
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

- Programme of activities
- Policies and procedures manual

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 30 January 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 30 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 21.1 Stated: First time	The registered provider should ensure that the adult safeguarding policy and procedure is reviewed to fully reflect current regional guidance and that it is implemented within the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following inspection of the policy and discussion with staff.	
<b>Area for improvement 2</b> Ref: Regulation 27.1 Stated: First time	The registered provider should ensure that the identified seats in the communal areas of the home are replaced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following observation of the seats and discussion with the responsible person.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 7.2</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that a risk based, person centred approach is employed to consider issues of consent through the following actions:</p> <ul style="list-style-type: none"> <li>• written consents for care are put in place</li> <li>• discussions regarding issues of consent are incorporated within residents' meetings, staff meetings and annual care review meetings with trust personnel</li> <li>• the Residents Guide is updated to describe how consent for care interventions is obtained</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following inspection of three care records, discussion with the responsible person and deputy manager.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 21.1</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that a suitable policy and procedure is developed in relation to the use of take away food for residents in the home.</p> <p><b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following inspection of the policy and procedure.</p>	<p><b>Met</b></p>

### 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.**

The deputy 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 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. The inspector advised that non care staff should also have supervision, no less than every six months for staff who were performing well.

Discussion with the deputy manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005; no staff had been recruited since the previous care inspection, therefore staff personnel files were not reviewed on this occasion.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

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

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015 and Adult Safeguarding Operational Procedures, 2016) and 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 had been provided for all staff.

Discussion with the deputy 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 deputy manager confirmed there were risk management procedures in place relating to the safety of residents. Discussion with the deputy 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 deputy manager confirmed 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 deputy manager confirmed there were risk management policy and procedures in place relating to the safety of the home. Discussion with the deputy manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that

these were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH) and fire safety.

The deputy manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the training records confirmed that all staff had received training in infection prevention and control (IPC) 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 deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home 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. One bedroom ceiling did not have a light shade in place and a number of bedroom ceiling light shades were dusty. The responsible person confirmed that these matters would be addressed immediately.

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 October 2016 and the responsible person confirmed that all recommendations had been addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The deputy manager confirmed that fire drills were completed on a regular basis. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape had not been checked consistently on a weekly/monthly basis. An area of improvement was identified; action was necessary to comply with the standards. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff spoken with during the inspection made the following comment:

- “We get fully updated with everything” (during staff handovers)

Five completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.



Comments received from residents were as follows:

- “Staff always helpful and look after us well”
- “Good company, good friends and excellent staff”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to training, infection prevention and control, risk management and the home’s environment.

**Areas for improvement**

One area for improvement was identified in regard to the completion of weekly/monthly fire safety checks.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome**

Discussion with the deputy manager 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. Whilst care plans for residents with diabetes did include some information in the section pertaining to eating and drinking, a care plan for the management of diabetes was not in place. An area for improvement was identified; action was necessary to comply with the standards and best practice guidance.

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 deputy manager confirmed 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 medication, care plans, environment and monthly manager’s audit 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 and the annual quality report.

The deputy manager confirmed 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’ meetings, staff meetings and staff shift handovers. The deputy 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 resident and their representative 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 deputy manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Staff and a visiting professional spoken with during the inspection made the following comments:

- “Our team working is brilliant” (staff)
- “We can always rely on them (to follow our instructions)” (visiting professional)

Five completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from residents were as follows:

- “I make my decisions for myself”
- “I can decide when to get up”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to audits and reviews and to communication between residents, staff and other key stakeholders.

**Areas for improvement**

One area for improvement was identified in regard to the development of care plans for the management of diabetes.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 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.**

The deputy 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 was in place which supported the delivery of compassionate care. Discussion with staff, residents and a representative confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

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.

The deputy manager, residents and a representative 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 confirmed their awareness of promoting residents' rights, independence and dignity; staff were able to describe how residents' confidentiality was protected in residents' daily lives.

The deputy manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and a representative confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, a representative 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, a suggestion box and residents attendance at annual reviews.

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.

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. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Staff spoken with during the inspection made the following comments:

- "Days out, floor games, skittles, rings, there is always something"
- "We provide a good standard of care, this is ourselves in the future"
- "They do adjust the menu throughout the time of year"

Five completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied or 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, 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
<b>Total number of areas for improvement</b>	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 deputy manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide, a poster and leaflets displayed 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. An audit of complaints was used to identify trends and to enhance service provision.

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 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.

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.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the responsible person identified that they had understanding of their role and responsibilities under the legislation. The responsible person stated that she is kept informed via a daily bulletin and regular contact with the registered manager.

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 responded to regulatory matters in a timely manner.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The deputy manager confirmed that staff could also access line management to raise concerns and that management would 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.

A visiting professional and a resident's representative spoken with during the inspection made the following comments:

- "It seems to be a well-run, happy place" (visiting professional)
- "It's (how the home is run) really, really good" (resident's representative)

Five completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Comments from residents included:

- “I have no complaints at all”
- “It’s perfect for me”

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Paula Reynolds, responsible person (registration pending) and Sadie McKeown, deputy 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 to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 29.2</p> <p>Stated: First time</p> <p><b>To be completed by:</b> 1 July 2017</p>	<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><b>Response by registered person detailing the actions taken:</b> To ensure fire safety checks in place weekly are scheduled to be completed every Sunday by senior care assistant will be documented in maintenance folder this schedule commenced on the 12/06/17</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p><b>To be completed by:</b> 10 July 2017</p>	<p>The registered person shall ensure that a care plan for the management of diabetes is developed.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All residents with diabetes type 1 or 2 now have a detailed care plan as to treatment needed does explain very clearly what each individual needs to maintain a healthy sugar level</p>

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**





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