



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment: Clifton House Residential Home

Establishment ID No: 1590

Date of Inspection: 17 November 2014

Inspector's Name: Kylie Connor

Inspection No: IN016649

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

1.0 General information

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| Name of Home: | Clifton House |
| 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: | 8 May 2014 Secondary Unannounced Care Inspection |
| Date and time of inspection: | 17 November 2014 9:15am to 1:00 pm |
| Name of Inspector: | Kylie Connor |

2.0 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.

3.0 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.

4.0 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

5.0 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: **Standard 9 Health and Social Care**

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. |

6.0 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 manager is Francis McKernon and has been the Registered Manager (Acting) for just over a year.

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.

7.0 Summary of inspection

This is a summary of an unannounced secondary care inspection of Clifton House Residential Home which took place on 11 November 2014 from 9:15 am to 1:00 pm by Kylie Connor, Inspector. The registered manager (acting) was available for discussion, clarification and feedback during and at the conclusion of the inspection. Ms Una McAuley, Board member also attended for feedback.

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. One issue was raised by staff in regard to the tea-time meal and a recommendation has been made. Further information is available in regard to these matters in section 10.0 of the report.

The inspector focussed on examining the previous quality improvement plan. Eight of the nine recommendations were addressed. One recommendation has been re-stated for a second time as a requirement. This pertains to swing free door closures.

The inspection focussed on examining standard 9 Health and Social Care. The home attained the level of compliant in regard to this standard. There was evidence of systems and processes and records in place. Recommendations have been made to review and develop identified policies and manage residents attending dentists.

A number of additional areas were examined including complaint management, accidents and incidents and registered provider visits. A recommendation has been made in regards to complaint records. Further information is available in regard to these areas in Section 10.0 of the report.

One requirement and five recommendations have been made following this inspection.

The inspector wishes to acknowledge the full co-operation of the registered manager (acting), residents, visitors and staff and the board member 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.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 8 May 2014

| NO. | MINIMUM STANDARD REF. | RECOMMENDATIONS | ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|-----------------------|--|--|--------------------------------------|
| 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> | The registered manager (acting) confirmed that this was completed and minutes of a staff meeting 21 May 2014 reflected that safeguarding updates was discussed. This is addressed. | Compliant |
| 2 | 16 | A template should be developed to record the vulnerable adult referral and investigation process. | Discussion with the registered manager (acting) confirmed that this is addressed. | Compliant |

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| 3 | 24.2 24.3 | <p>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.</p> <p>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.</p> | <p>The registered manager (acting) verified that staff receive their second supervision date of the year during the month of November and a review of a random number of records evidence this is addressed.</p> | Compliant |
| 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>Discussions with the registered manager (acting) identified this is addressed.</p> | Compliant |

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|---|----------|--|---|-----------|
| | | 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. | | |
| 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. Confirm that all staff have had an annual appraisal completed. Review systems to improve governance in this area. | The registered manager confirmed that annual appraisals are planned for December 2014. This is addressed. | Compliant |
| 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 registered manager (acting) verified this was addressed. Inspection of the environment during the inspection confirmed this is addressed. | Compliant |
| 7 | 27 | The temperature in areas occupied or used by residents is between 19°C - 22°C. Review and monitor temperature levels. | The registered manager (acting) confirmed that there have been no further issues with the temperature in the home. Inspection of the environment during the inspection confirmed this is addressed. | Compliant |

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| 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. | Discussions with the registered manager confirmed that this work remains outstanding. The registered manager (acting) confirmed that a schedule to address this has not been received. This is re-stated as a requirement. | Moving towards compliance |
| 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) | Discussions with the registered manager (acting) confirmed that a fire risk assessment completed 18 September 2014 addressed this issue and the registered manager (acting) confirmed action to remove fire blankets had been completed by the end of the inspection. This is addressed. | Compliant |

9.0 Inspection findings

| STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed. | |
|--|-------------------------|
| Criterion Assessed: 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. | COMPLIANCE LEVEL |
| Inspection Findings: | |
| <p>The inspector reviewed care records and in all cases the name and contact details of each resident's General Practitioner was present but not details of their dentist. A recommendation has been made. Records were available detailing residents' optometrist and oral care support was detailed in care plans.</p> <p>The registered manager (acting) gave an example where the home worked with family and trust to facilitate a new resident to re-register with a local GP. A recommendation is made in regard to review the policy, admission of residents (dated January 2008) and to develop a policy on the management of incontinence.</p> | Substantially compliant |
| Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents. | COMPLIANCE LEVEL |
| Inspection Findings: | |
| <p>Discussions with staff members in relation to specific residents' needs indicated that they were knowledgeable of the residents' care needs and the action to be taken in the event of a health care emergency. Staff members confirmed that they are provided with mandatory training and that they regularly avail of refresher training. Staff confirmed that they receive updates during staff handovers of any changes in a resident's condition and that the care plan is updated to reflect details of resultant changes in care provided to residents.</p> | Compliant |

| STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed. | |
|--|-------------------------|
| Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records. | COMPLIANCE LEVEL |
| Inspection Findings: | |
| The care records examined contained evidence of needs care assessment had been undertaken which informed care plans and risk assessments and there was evidence that the information is reviewed. There was evidence of liaison with a wide range of primary health and social care services and all contacts were clearly recorded in the medical notes section of each resident's records. Staff on duty were able to describe the referral systems should a resident require the services of health care professionals. | Compliant |
| Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required. | COMPLIANCE LEVEL |
| Inspection Findings: | |
| Review of the care records and discussion with the registered manager (acting) and staff members confirmed that residents' representatives would accompany residents to the majority of appointments. Where staff accompany residents it was confirmed that residents' representatives are provided with information verbally and that this is recorded in the resident's care records. Discussions with visitors confirmed good communication with the home. | Compliant |

| STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed. | |
|--|-------------------------|
| Criterion Assessed: 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. | COMPLIANCE LEVEL |
| Inspection Findings: | |
| An examination of care records confirmed there are arrangements in place to monitor the frequency of residents' health screening and appointments in all areas except dentistry. A recommendation has been made. | Substantially compliant |
| Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident. | COMPLIANCE LEVEL |
| Inspection Findings: | |
| The registered manager confirmed that residents' spectacles, dentures and personal equipment and appliances are maintained by residents with assistance from staff. Care plans demonstrated support needed from staff. | Compliant |

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| INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Compliant |

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

The inspector met with six residents individually and greeted others in small groups. Residents were observed chatting with each other, visitors and staff. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

10.2 Relatives/representative consultation

Three relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "There is plenty of activities.....staff ring and let me know."
- "We don't have a problem (with the home). It's very clean, they (residents) are well cared for and there is always music on."
- "I've observed staff showing kindness"

10.3 Staff consultation

The inspector spoke with three staff members and the registered manager (acting). Discussion with staff identified that they felt well supported in their respective roles, had been provided with training and are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of individual residents and appeared to have a high level of commitment to caring for the resident group. Issues were raised in regard to the quality and variety of the tea-time meal and menu. A recommendation has been made following discussion with the registered manager (acting).

Comments received included:

- "The team works well, everyone works well together."
- "A lot of our residents are brilliant eaters."
- "Activities are brilliant, there is always something on."
- "It's very good, with them going to the cinema, they are getting out more."
- "There is a lot of fried food and beans."

10.4 Visiting professionals' consultation

No professionals were spoken to during this inspection.

10.5 Environment

The inspector viewed the home alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised,

adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of good standard in some areas but it was identified that some areas were in need of painting and a stained carpet was identified. A recommendation has been made. The inspector established, through discussion with staff members and through observation, that there was unrestricted access to fresh bed linen and to continence products.

10.6 Activities

Discussions with residents, visitors and staff identified that the programme of activities provides positive outcomes for residents and is based on the identified needs and interests of residents. It was identified that activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.

10.7 Incidents and accidents

Review identified that these were being managed appropriately.

10.8 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

It was confirmed that lessons learnt from investigations were acted upon. In discussion with the registered manager (acting) it was identified that a separate record was kept regarding food. A recommendation has been made.

10.9 Registered Provider visits

Review identified that all registered provider visits have been carried out and a report completed since the previous inspection.

11.0 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

17 November 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

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, and The Residential Care Homes Regulations (NI) 2005

| No. | Regulation Reference | Requirements | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------|--|------------------------|--|---------------|
| 1 | 27 (4) (b) | <p>The registered person shall -</p> <p>take adequate precautions against the risk of fire, including the provision of suitable fire equipment;</p> <ul style="list-style-type: none"> • 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. | Two | Meeting with Helm and board members plan to address march 2015 | 31 March 2015 |

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 | | Timescale |
|-----|--|---|------------------------|--|------------------|
| 1 | 9.1 | <p>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.</p> <ul style="list-style-type: none"> • Ensure there is a record and system to manage residents' dental check-ups | One | Dental folder now in place all residents in folder | By return of QIP |
| 2 | 21.1 (Section 9.1 of the report refers) | <p>The policies and procedures are in accordance with statutory requirements for all operational areas of the home.</p> <ul style="list-style-type: none"> • Develop a policy on continence promotion • Review the policy on admission(2008) | One | Responsible person Deborah Oktar going to provide both | 1 February 2015 |

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|---|---|--|-----|---|--|
| 3 | 9.5 | <p>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.</p> <ul style="list-style-type: none"> Review and ensure residents attend dental check-ups and review develop a system for management in the home | One | In house dentist now in place calling to see five or six residents on 06.01.2015 will see all residents within a few months | By return of QIP |
| 4 | 17.1 (Section 10.8 of the report refers) | <p>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.</p> <ul style="list-style-type: none"> 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 | One | <p>Will record all complaints including food into complaints book</p> <p>Tea-time menu reviewed and changed residents did have input into this staff developed a menu with residents and catering manager adhering to 2014 nutritional guidelines</p> | From the date of the inspection and on-going |

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|---|------------------------|--|-----|---|-----------------|
| 5 | 27.1 (Section 10.5) | <p>The building is kept clean and hygienic at all times and decorated to a standard acceptable for the residents.</p> <ul style="list-style-type: none"> • Develop a schedule for re-decoration and prioritise painting and replacing stained carpet. | One | D.O.C acting responsible person and F Mc K acting manager devised room by room refurbishment plan submitted to the board for approval | 1 February 2015 |
|---|------------------------|--|-----|---|-----------------|

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:

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|---|-------------------------------|
| NAME OF REGISTERED MANAGER COMPLETING QIP | Acting Frances Mc Kernon |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | Acting Deborah Oktar Campbell |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|------------------|-------------|
| Response assessed by inspector as acceptable | X | Kylie Connor | 13/1/15 |
| Further information requested from provider | | | |