



Unannounced Care Inspection Report

23 January 2020



Clifton House Residential Home

Type of Service: Residential Care Home
Address: 2 North Queen Street, Belfast BT15 1ES
Tel no: 028 9089 7532
Inspector: Debbie Wylie

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 27 residents.

3.0 Service details

Organisation/Registered Provider: Radius Housing Association Responsible Individual: Fiona McAnespie	Registered Manager and date registered: Frances McKernon 17 November 2016
Person in charge at the time of inspection: Frances McKernon	Number of registered places: 27
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment A – Past or present alcohol dependence.	Total number of residents in the residential care home on the day of this inspection: 26 Mild to moderate dementia in category RC-DE and RC-PH for one identified individual

4.0 Inspection summary

An unannounced care inspection took place on 23 January 2020 from 09.45 hours to 17.00 hours. This inspection was undertaken by the care inspector.

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

Areas for improvement in respect of previous estates and pharmacy inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to staffing, care records, training, activities, the dining experience, communication and the culture and ethos of the home.

Areas requiring improvement were identified in relation to infection prevention and control, storage of chemicals, governance audits, reporting of notifiable events to RQIA and the home's environment.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents, people who visit them or professionals and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	3

Details of the Quality Improvement Plan (QIP) were discussed with Frances McKernon, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 29 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 29 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous estates and pharmacy inspections, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas from 15 to 31 January 2020
- staff training records
- two staff recruitment and induction records
- three residents' records of care
- a sample of complaint records
- a sample of compliment records
- a sample of competency and capability records
- a sample of governance audits/records
- a sample of accident/incident records from October 2019 to January 2020

- a sample of monthly monitoring reports from October to December 2019
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and an assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 29 October 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 19 Stated: First time	The registered person shall ensure that a summary of recruitment and vetting outcomes for all staff are retained in the home and are available for inspection.	Met
	Action taken as confirmed during the inspection: Review of the recruitment records evidenced that a summary of recruitment and vetting outcomes was retained and available in the home for inspection.	
Area for improvement 2 Ref: Standard 27 Stated: First time	The registered person shall ensure that the sluice rooms are decluttered reorganised and equipment is cleaned.	Met
	Action taken as confirmed during the inspection: Review of a sluice room showed that it was clutter free, well organised and equipment was clean.	

Area for improvement 3 Ref: Standard 8 Stated: First time	The registered person shall ensure that care records are legible.	Met
	Action taken as confirmed during the inspection: Review of a sample of care records evidenced that they were clear and legible.	
Area for improvement 4 Ref: Standard 6 Stated: First time	The registered person shall ensure that care plans and daily progress notes reflect the care given for short term conditions.	Met
	Action taken as confirmed during the inspection: Review of a sample of care records found that care plans and daily progress notes were reflective of care given for short term conditions including chest infections.	

Areas for improvement from the last estates inspection

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 28.2 Stated: First time	The registered person shall liaise with their fire safety advisor regarding the letterbox openings in the bedroom doors. It is essential that suitable remedial works are implemented without further delay to all affected doors, ensuring that they provide the required 30 minutes fire resistance.	Met
	Action taken as confirmed during the inspection: Correspondence with the fire safety advisor was reviewed and confirmed that the letterbox openings on the bedroom doors were of a suitable fire resistance quality.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Standard 31 Stated: First time	The registered person shall ensure that the process of verifying the accuracy of the personal medication records is reviewed and revised.	Met
	Action taken as confirmed during the inspection: Review of the monthly medication audits confirmed that this area for improvement has been met.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The home was warm well-lit and welcoming with communal rooms seen to be fairly well-presented throughout. Communal areas were uncluttered and tidy and fire exits were clear from obstruction.

The manager and staff told us staffing levels were maintained to meet the assessed needs of the residents. This was confirmed from a review of the staff rota from 15 to 31 January 2020.

Staff spoken with said they had time to care for residents and had received the training to ensure they had the skills to provide the right care. This was confirmed from a review of the staff training records.

We reviewed how infection prevention and control measure were managed throughout the home. Bathrooms were found to have equipment such as commode chairs and trolleys stored in them and there was no hand soap, paper towels or waste bins available. Light pull chords could not be effectively cleaned and the underside of paper towel dispensers were soiled and required to be cleaned.

In addition personal protective equipment such as aprons and gloves were not available throughout the home and we saw one staff member entered a number of residents' bedrooms without changing their gloves and used the same gloves and bag to collect waste from bedrooms. Details were discussed with the manager and an area for improvement was made.

Generally patients' bedrooms were found to be individualised and decorated to their personal preferences. However, in one bedroom we saw that there was no light shade and the curtains were coming off the curtain rail and in another bedroom the resident did not have access to a drawer or cupboard which they could lock. An area for improvement was made.

We found cleaning fluid in the kitchen area of one the resident's room. This was discussed with the manager and removed and an area for improvement was made.

We reviewed three residents care records which evidenced that care plans and risk assessments were completed and updated regularly.

Discussion with staff confirmed that a period of induction was completed relevant to their roles and responsibilities. Review of staff induction files found that these had been fully completed, signed and dated appropriately. Observation of staff showed that interaction with residents was appropriate and knowledgeable in relation to individual residents' needs and providing safe care.

Staff spoken with were knowledgeable about individual residents and had a good understanding about how to report concerns regarding residents care or staff practice.

Areas for improvement

The following areas were identified for improvement in relation to infection prevention and control, storage of hazardous substances and provision of fixtures and fittings.

	Regulations	Standards
Total number of areas for improvement	2	1

6.4 Is care effective?

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

Throughout the inspection residents were observed to be receiving the right care from staff who were familiar with their care needs. Staff were observed to be working well as a team and were aware of their roles and responsibilities within the home.

Residents presented well and were appropriately dressed. Clothing was laundered to a high standard and personal care had been undertaken.

Three residents' care records reviewed evidenced that other professionals such as the GP or district nurse were consulted when residents' care needs changed or when they became unwell. Daily updates to the care records showed that residents were receiving care for their assessed needs daily.

We saw the serving of the morning snack and lunchtime meal. Staff were assisting residents appropriately and responding to requests for assistance. Staff were aware of residents' individual dietary requirements and provided the correct meal. Staff provided assistance to residents who required help with eating their meal.

Fresh drinks were available for all residents in the sitting room and in their own rooms.

Areas for improvement

No areas for improvement were identified in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

Interaction between residents and staff were observed to be respectful, caring and kind. There was a relaxed atmosphere and residents looked happy in the home. Residents told us:

- “I am happy with my care.”
- “The carers are great.”
- “They know my routine.”
- “Staff are good.”
- “I’m very well cared for by the staff.”

The outside garden courtyard of the home was well maintained, enclosed for the use of residents and included a seated area and bird boxes.

Residents were seen to enjoy planned activities throughout the day including bingo which was well received by a large group of residents. An activities board was displayed in the hallway so residents could decide how they wanted to spend their day.

During the serving of the lunchtime meal staff were observed to be respectful and friendly towards residents. Residents were asked about their choice of meal, portion size and drink.

A menu was displayed showing the daily menu choice to aid residents to decide what the preferred to eat. Residents were chatting and relaxed while enjoying their meal. Residents and relatives said:

- “The food is just lovely.”
- “It’s lovely.”
- “The food is very good.”
- “Mum is looked after really well.”

We reviewed the record of the residents’ and relatives’ meeting and this evidenced that residents views and choices on daily life in the home were valued.

As part of the inspection we also asked residents, family members and staff to provide us with their comments via questionnaires. None were returned.

Any comments from residents and/or their family members received after the return date will be shared with the manager for their information and action, as required.

Areas for improvement

No areas for improvement were identified in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

There has been no change in the management arrangements of the home since the last care inspection.

We reviewed a sample of quality monitoring reports for visits undertaken by the responsible individual from October to December 2019. The reports contained evidence that any deficits identified as part of the visit were addressed through an action plan.

A review of the complaints records found that details, actions and outcomes were not fully documented. This was discussed with the manager and an area for improvement was made.

We reviewed a sample of governance audits regarding infection prevention and control and accidents and incidents. However, audits had not been completed on a regular basis for falls, care records and the environment. Details were discussed with the manager and an area for improvement made.

Records of accidents and incidents occurring in the home were reviewed in comparison to the notifications submitted to RQIA. We found a number of accidents and incidents which should have been reported to RQIA. Details were discussed with the manager and an area for improvement was made.

Areas for improvement

The following areas were identified for improvement in relation to oversight audits, management of complaints and reporting of accidents and incidents.

	Regulations	Standards
Total number of areas for improvement	1	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Frances McKernon, 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14(2)(a) Stated: First time To be completed by: immediately from the date of inspection	The registered person shall ensure that cleaning chemicals and any other substances hazardous to health are stored securely. Ref: 6.3
	Response by registered person detailing the actions taken: All staff and families have been reminded of COSHH regulations. Staff are aware that all such materials must be held in a locked cupboard away from residents.
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: immediately from the date of inspection	The registered person shall ensure that effective infection prevention and control measures are put in place. Please refer to the regional IPC guidelines. Ref: 6.3
	Response by registered person detailing the actions taken: Staff have completed further training on infection prevention and control measures. The Registered Manager/ Senior in charge complete hygiene audit checks.
Area for improvement 3 Ref: Regulation 30 Stated: First time To be completed by: immediately from the date of inspection	The registered person shall ensure that all notifiable accidents and incidents in the home are reported to RQIA in accordance with regulations. Ref: 6.6
	Response by registered person detailing the actions taken: The Senior team have been reminded of the criteria for notification of an accident or an incident to RQIA.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 17.10 Stated: First time To be completed by: 20 February 2020	The registered person shall ensure that the complaints record is accurately maintained in accordance with minimum standards. Ref: 6.6
	Response by registered person detailing the actions taken: The complaints record has been added to ensure that full details actions and complainant satisfaction with outcome are clear.

<p>Area for improvement 2</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure that the manager undertakes regular governance audits to assure the quality of the care and other services delivered on a daily basis to residents.</p> <p>Ref: 6.6</p>
<p>Area for improvement 3</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure bedrooms have light shades, appropriate window covering and a lockable drawer/cabinet.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Action was taken on the day. Governance audits are in place and are completed in a timely manner these are reviewed monthly as part of the regulation 29 visit.</p> <p>Response by registered person detailing the actions taken: Actions were completed on the day and all staff have been reminded to report any repairs. Resident rooms are reviewed by the person in charge as part of overall governance of the home.</p>

Please ensure this document is completed in full and returned via Web Portal



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