



Unannounced Care Inspection Report 18 March 2021



Clifton House Residential Home

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

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: Catrina O'Rourke Acting Manager	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.	Number of residents accommodated in the residential home on the day of this inspection: 24

4.0 Inspection summary

An unannounced care inspection took place on 18 March 2021 from 09.25 to 17.20 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the environment and infection prevention and control (IPC) measures
- care delivery
- care records
- governance and management arrangements.

Residents spoke positively about living in Clifton House Residential Home; comments included:

- “Everyone is friendly and helpful.”
- “Everything is very good here.”
- “It’s a home from home here.”

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	*2	*2

*The total number of areas for improvement includes one, under the regulations, which was not met and one, under the standards, which was partially met; these will be stated for the second time. Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Catrina O'Rourke, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 17 residents, both individually and in small groups, two residents' relatives and five staff. Questionnaires were left in the home to obtain feedback from residents and residents' relatives/representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota from 8 to 21 March 2021
- staff training records
- incident/accident reports
- monthly monitoring reports
- a sample of governance audits
- complaints/compliments records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)

- three residents' care records
- the care partner policy
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and 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 most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 23 January 2020.

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
Area for improvement 1 Ref: Regulation 14(2)(a) Stated: First time	The registered person shall ensure that cleaning chemicals and any other substances hazardous to health are stored securely.	Met
	Action taken as confirmed during the inspection: Observations of the environment evidenced that cleaning chemicals were securely stored in appropriate areas of the home.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that effective infection prevention and control measures are put in place. Please refer to the regional IPC guidelines.	Met
	Action taken as confirmed during the inspection: Observations of the environment evidenced that the home was clean and hygienic. Equipment was stored in appropriate areas. PPE was readily available and staff were seen to use PPE appropriately. Cleaning schedules were	

	maintained and completed up to date.	
Area for improvement 3 Ref: Regulation 30 Stated: First time	<p>The registered person shall ensure that all notifiable accidents and incidents in the home are reported to RQIA in accordance with regulations.</p> <p>Action taken as confirmed during the inspection: Review of accident/incident records evidenced that RQIA had not been appropriately notified in all instances. Refer to section 6.2.6 for more information.</p>	Not met
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 17.10 Stated: First time	<p>The registered person shall ensure that the complaints record is accurately maintained in accordance with minimum standards.</p> <p>Action taken as confirmed during the inspection: Review of the complaints record evidenced that this was accurately maintained.</p>	Met
Area for improvement 2 Ref: Standard 20.10 Stated: First time	<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>Action taken as confirmed during the inspection: Review of a sample of governance audits evidenced that these were regularly completed regarding, for example, the environment, IPC measures and hand hygiene. However, care record audits had not been completed since July 2020. Refer to section 6.2.6 for more information.</p>	Partially met
Area for improvement 3 Ref: Standard 27.3 Stated: First time	<p>The registered person shall ensure bedrooms have light shades, appropriate window covering and a lockable drawer/cabinet.</p> <p>Action taken as confirmed during the inspection: Review of a sample of bedrooms evidenced that</p>	Met

	light shades, appropriate window coverings and lockable drawer/cabinets were provided for residents. There was a system in place to report maintenance issues and to replace furnishings when necessary.	
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6.2 Inspection findings

6.2.1 Staffing

We discussed staffing with the manager who told us that residents' dependencies were regularly assessed in order to ensure that staffing levels were maintained at satisfactory levels. Staff and residents spoken with told us that they were satisfied with staffing levels.

Staff said that working through the COVID-19 pandemic and an outbreak of COVID-19 in the home had been challenging but teamwork was good and the manager was supportive and approachable. Comments made by staff included:

- "We had great support and we supported each other as well."
- "I love working here."
- "Staffing levels have been increased which is great."
- "We are like family here."
- "It was tough when it (COVID-19) all happened but we all rallied round and got through it all okay."
- "I am enjoying working here."

A record of staff training was maintained. Staff told us that they were provided with mandatory training and reminded when this was due. They also said that they were able to access the training required to carry out their roles and responsibilities effectively.

We received five responses to the on-line staff survey; the respondents all indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led. Comments included:

- "Everyone is very friendly and approachable."
- "I'm really enjoying all aspects of my job here."

Comments made by staff were brought to the attention of the manager for information.

6.2.2 Personal protective equipment (PPE)

There was a plentiful supply of PPE available; PPE stations were well stocked and signage providing useful information on PPE was placed in appropriate areas throughout the home.

The manager confirmed that sufficient supplies of PPE were maintained and staff had received training in the use of PPE. Daily observations and regular audits were completed to monitor staff use of and compliance with PPE guidelines.

Staff spoken with demonstrated their knowledge of the current regional guidelines regarding PPE. Staff were observed to put on and take off their PPE correctly.

Staff and residents had a twice daily temperature check; a record of this was maintained. Any visitors to the home also had a temperature check recorded. Staff had a designated entrance/exit and area to change into their uniform prior to commencing work.

6.2.3 The environment and infection prevention and control (IPC) measures

We reviewed the environment and looked at a selection of bedrooms, bathrooms, lounges, the dining room, storage areas, sluices and the treatment room. We observed that the home was warm, clean, tidy and fresh smelling throughout. Residents' bedrooms were attractively personalised. Corridors and fire exits were clear of clutter and obstruction.

Equipment was seen to be stored in appropriate areas and to be maintained in a clean condition. Bathrooms were equipped with soap dispensers, paper towel dispensers and pedal bins. Light pull cords were covered with washable sleeves. The manager told us that unfortunately the only washable sleeves currently available were red in colour and, although residents were not confusing these with alarm pull cords, an alternative to red will be ordered once these become available again.

Staff were observed to carry out hand hygiene at appropriate times. Staff were also observed to helpfully prompt and remind residents when to carry out hand hygiene.

There was a system in place to report any maintenance issues that occurred. The manager told us that any essential maintenance work required was undertaken by contractors who adhere to COVID-19 precautions and guidelines. We directed the manager to discuss essential maintenance issues with the RQIA estates inspector for additional advice in this area. A redecoration plan had been developed with a plan to redecorate and replace carpets following completion of essential maintenance works.

We observed that cleaning fluids were stored in appropriate areas in the home; no cleaning fluids were observed to have been left in any of the bedrooms or communal areas reviewed.

Sluice rooms had keypad locks in situ; on one occasion we saw that a sluice room door had briefly been left closed but unlocked. We brought this to the attention of the manager who took immediate action to address this with the agency domestic assistant on duty who had inadvertently failed to engage the snib on the door. Ongoing review of sluice rooms, store rooms and the treatment room throughout the inspection evidenced that doors were securely closed and locked at all other times.

6.2.4 Care delivery

Residents in the home looked well cared for; they were observed to be well dressed and care had obviously been taken with hair and nail care. The atmosphere was friendly and relaxed, staff were seen to speak to residents in a kind and friendly manner and to offer them support and help as required.

Visiting was available both indoors and outdoors at the front of the home as per the current guidelines in this area and was pre-booked with staff. Virtual visiting was also an option if required. The manager told us that wi-fi had recently been installed throughout the home and two smart TV's had been ordered; these will facilitate virtual visiting and interactive entertainment for the residents.

All relatives had been informed about the care partner initiative with some relatives coming in as care partners following appropriate risk assessment and care planning in this area. A care partner policy had been developed.

Staff discussed the importance of maintaining effective communication with relatives; this was mainly achieved through regular telephone calls and the home also produces a newsletter on a quarterly basis.

We spoke to the senior care assistant who developed the current activity programme in the home; they told us that residents particularly enjoy activities such as arts and crafts, music, bingo and movies. The residents miss getting out and about due to the current COVID-19 restrictions so in order to maintain community links in as safe a manner as possible staff have booked outside entertainers and singers for residents to enjoy from an appropriately socially distanced area of the home. A local art group provide art supplies for a project residents are working on which will eventually be made into a large mural.

We observed the serving of lunch and could see that most residents went to the dining room but trays were also taken to residents in their rooms if that was their preference. The food on offer was well presented and smelled appetising. Staff were seen to be helpful and were aware of individual residents' dietary requirements.

Residents spoken with told us that they felt well looked after in the home; comments included:

- "The food is quite good and there is plenty of it."
- "They are always cleaning."
- "This place is a cracker."
- "They are good at organising things for us to do, it's very good."
- "You couldn't meet nicer girls (staff) than the ones in here."
- "It's exceptional here."
- "The staff are second to none."
- "I would like more soup and pasta, there is not enough of those types of foods."
- "We all chat together and join in, it's very good."

We also spoke to two relatives, one of whom was in the home in the care partner role and another who was visiting; they both expressed their satisfaction with the care provided in the home for their loved one. They said:

- "... is well looked after, no complaints about that."
- "It's very good here ... always looks lovely, nicely dressed, hair done, nails painted."

One relative expressed their frustration at being unable to take their loved one out for a run in the car but they said that they understood staff have to follow the current guidelines.

Following the inspection four relatives returned completed questionnaires to RQIA; all four indicated that they were very satisfied with the care provided. One relative expressed a frustration regarding outside visiting arrangements but acknowledged that staff have to follow guidelines. Comments made included:

- "Care has been fantastic; the staff are very supportive and maintain contact with us constantly."
- "I am very happy with the care provided. The last year has been very difficult and the care staff have reassured me and my family at all times."
- "It is very frustrating that we can't see our relatives outside in the garden."

Comments made by residents and relatives, both during and after the inspection, were brought to the attention of the manager for information and action if required.

6.2.5 Care records

We reviewed the care records for three residents and found that these contained relevant risk assessments and care plans to ensure that residents' daily needs were met. A daily, up to date, record of care provided was maintained. There was evidence of consultation with other healthcare professionals such as the GP, district nurse and podiatrist. However, in the care records for one identified resident we could see that the risk assessments had not been reviewed as per the schedule in place; this was brought to the attention of the manager for information and action as required.

Review of records maintained in the event of a fall evidenced that relevant risk assessments and care plans had not been consistently updated; an area for improvement was made. Deficits in care records were brought to the attention of the manager for information and action which should include robust and regular completion of care record audits.

We also observed that, in the event of a fall, night staff did not always take appropriate action to seek medical advice and/or treatment for a resident if a head injury was confirmed or suspected; an area for improvement was made.

6.2.6 Governance and management arrangements

There had been a change in management arrangements since the last inspection; RQIA had been notified appropriately. The manager told us that she felt well supported in her role both by staff in the home and senior managers within the organisation.

We reviewed a sample of governance audits; these were regularly completed regarding, for example, the environment, IPC measures and hand hygiene. However, care record audits had not been completed since July 2020. This area for improvement was partially met and will be stated for the second time.

A monthly analysis of accidents/incidents was completed for individual residents to help identify if any trends or patterns were evident but it did not provide an overview of accidents/incidents for all residents. Review of accidents/incidents identified that not all of these had been appropriately reported to RQIA; this area for improvement will be stated for the second time. We brought this to the attention of the manager who agreed an overall analysis of accidents/incidents would be more robust and effective at ensuring RQIA were appropriately notified. Following the inspection the manager submitted retrospective notifications as requested.

Monthly monitoring reports reviewed included feedback from residents, relatives and staff, an update on progress with previously identified deficits and an action plan with a timescale and identified person responsible for completion.

The system in place to record complaints was accurately maintained. There was also a system in place to record compliments and thanks received.

Areas of good practice

Areas of good practice were identified regarding teamwork, maintaining good working relationships, use and availability of PPE, hand hygiene and the cleanliness of the home. Additional areas of good practice were identified regarding the care provided, the culture and ethos and communication with residents and relatives.

Areas for improvement

Areas for improvement were identified regarding ensuring review of individual resident's risk assessments and care plans in the event of a fall and ensuring appropriate action was taken in the event of a confirmed or suspected head injury.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3 Conclusion

Residents looked well cared for and were seen to be content and settled in their surroundings. The atmosphere in the home was warm and welcoming. Staff were seen to be attentive to the residents and to treat them with respect and kindness.

Visiting and the care partner initiative had been implemented in accordance with the regional guidance in this area.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Catrina O'Rourke, 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 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 30 Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that all notifiable accidents and incidents in the home are reported to RQIA in accordance with regulations.</p> <p>Ref: 6.1 & 6.2.6</p> <p>Response by registered person detailing the actions taken: All Seniors have been reminded of the notifiable accidents/incidents which must be reported. The accident form has been updated to include a section that the Manager must sign off to confirm that an RQIA notification has been submitted if this is applicable.</p>
Area for improvement 2 Ref: Regulation 14 (1) (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that in the event of a fall, where a head injury is confirmed or suspected, medical advice and/or treatment is appropriately sought in a timely manner.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: All Senior and Care staff have been reminded of the correct first responder, medical, and care follow up required. All staff have or are scheduled to complete update first aid training.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 20.10 Stated: Second time To be completed by: 18 April 2021	<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: 6.2 & 6.2.6</p> <p>Response by registered person detailing the actions taken: New monthly documented manager audit is now in place.</p>
Area for improvement 2 Ref: Standard 6.6 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that relevant risk assessments and care plans are consistently reviewed in the event of a fall to reflect the resident's current needs.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: All resident care plans and risk assessments have been reviewed since the Inspection. Seniors have been reminded of the</p>

	requirement to do so following a fall. This is subject to managerial audit as part of monthly falls review.
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****Please ensure this document is completed in full and returned via Web Portal****



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