



The Regulation and  
Quality Improvement  
Authority

De La Cour House  
RQIA ID: 1596  
48 Woodcot Avenue  
Belfast  
BT5 5JB

Inspector: Bronagh Duggan  
Inspection ID: IN022334

Tel: 02890739848  
Email: [maureen.corry@clanmil.org.uk](mailto:maureen.corry@clanmil.org.uk)

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**Unannounced Care Inspection  
of  
De La Cour House  
6 October 2015**

**The Regulation and Quality Improvement Authority**  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of inspection

An unannounced care inspection took place on 6 October 2015 from 11.00 to 17.35. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard and theme we inspected were assessed as being met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/enforcement resulting from this inspection

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

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	4	3

The details of the QIP within this report were discussed with the registered manager Mrs Maureen Corry as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> Clanmil Housing Association/ Ms Clare McCarty	<b>Registered Manager:</b> Mrs Maureen Corry
<b>Person in charge of the home at the time of inspection:</b> Mrs Maureen Corry	<b>Date manager registered:</b> 21/11/2013

Categories of care: RC-I	Number of registered places: 13
Number of residents accommodated on day of inspection: 12	Weekly tariff at time of inspection: £486 per week

### 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

### 4. Methods/processes

Prior to inspection we analysed the following records: Notification of accident and incident records submitted to RQIA and the returned Quality Improvement Plan from the previous care inspection.

During the inspection we met with nine residents, four care staff, and two resident's visitors/representative. Ten questionnaires were distributed to staff and ten to residents. Seven completed questionnaires were returned from staff. Four were returned from residents.

The following records were examined during the inspection:

- Three care records
- Relevant policies and procedures
- Staff training records
- Accident and incident records
- Fire Safety Risk Assessment
- Inventory records
- Complaints and compliments

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced finance inspection dated 15 September 2015. The completed QIP has not yet been returned to RQIA.

#### 5.2 Review of requirements and recommendations from the last care inspection

No requirements or recommendation from previous care inspection.

### 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

#### Is care safe? (Quality of life)

In our discussions with the registered manager and staff they confirmed that residents can and have spent their final days in the home unless there are documented health care needs to prevent this.

The registered manager confirmed that the home works closely with outside agencies including the resident's General Practitioner, district nursing service, Mac Millan nurses and other professionals involved in the residents care. The registered manager and staff confirmed that any changes in the resident's condition would be monitored closely, reflected in their evaluation care records and documented in their care plan.

In our discussions with staff they spoke about their experiences in the home in providing care to a resident in the last weeks and days of life. Staff confirmed to us that they liaised closely with family members and kept them informed of any changes in their relatives' condition. Families were welcome to stay at the home and spend as much time as they wished with their relative. Staff were aware of the need to maintain adequate nutrition and hydration of residents and ensure they were repositioned regularly to prevent skin breakdown.

We inspected three care records; these demonstrated that residents' needs were reviewed on a regular basis. Care plans and risk assessments were updated accordingly and reflected multi-disciplinary working to meet the needs of residents'.

The registered manager confirmed that spiritual support is available for residents on a regular basis.

#### Is care effective? (Quality of management)

The home had a policy regarding dealing with end of life care. This contained relevant information in relation to supporting residents to spend their final days in the home ensuring their needs could be met.

We inspected three care records; these contained the individual wishes of residents regarding specific arrangements at the time of their death. These contained relevant information including residents' next of kin details, spiritual preferences and any specific funeral arrangements. These had recently been reviewed.

In relation to handling the deceased resident's belongings the registered manager confirmed that they are handled with care and respect. The registered manager confirmed that resident's next of kin were given the time they need to deal with this issue. Support from staff is available if needed.

#### Is care compassionate? (Quality of care)

The registered manager and staff confirmed to us that the needs of the dying resident were met with a strong focus on dignity and respect. The registered manager and staff confirmed that families were supported and given time and privacy to spend with their loved one. Staff shared with us a recent experience and talked about how they supported a resident in their

final days with help from specialist nursing services. Staff were aware of the need to communicate sensitively to the resident and their family.

In our discussions the registered manager confirmed that following the death of a resident other residents were informed in a sensitive manner and had the opportunity to pay their respects if they so wished. Staff confirmed there was a supportive ethos within the home from management in regards to dealing with dying and death.

We observed a collection of thank you cards from families of past residents. These contained messages of praise and thanks for the care delivered to their relative during their time in the home.

#### **Areas for improvement**

There were no areas of improvement identified for this standard. Overall this standard was assessed to be met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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### **5.4 Theme: Residents receive individual continence management and support**

#### **Is care safe? (Quality of life)**

In our discussions with staff they demonstrated knowledge of supporting residents with their individual continence needs. Staff were aware of the need to contact the continence service and make onward referrals if they noticed any change in residents condition. Staff shared with us their understanding of what could contribute to a change in residents continence needs. Staff were aware of infection control procedures in the home and confirmed there was a good supply of products available.

We inspected three care records, these reflected residents individual needs. One of the records showed the resident was independent in this area. Two records contained detailed information about how to support residents with more complex continence needs. We noted these also included relevant information in relation to infection control. There was evidence of ongoing input from the continence team in relation to meeting the identified resident's needs.

We observed adequate supplies of continence products, aprons, gloves and hand washing dispensers throughout the home.

#### **Is care effective? (Quality of management)**

The home had a policy in place regarding the management of continence. Staff confirmed they had good working relations with the continence team and were regularly in contact regarding any changes or updates in relation to resident's needs. We inspected three care records in the home; these showed regular input from the continence service. Staff have completed training in continence management and training in infection control is maintained on an up to date basis.

We noted from one of the records examined that staff had on occasions omitted the completion of daily records regarding one resident's specific continence needs. We made a recommendation that these records were completed as stipulated in the residents care plan.

### Is care compassionate? (Quality of care)

In our discussions with staff they were aware of the need to promote the values of privacy, dignity and respect when supporting residents with their continence needs. From our observations of general care practice we were satisfied that continence care is undertaken in a discreet and private manner for residents.

#### Areas for improvement

We identified one area of improvement for this theme. Overall this theme was assessed as being met.

Number of requirements:	0	Number of recommendations:	1
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## 5.5 Additional areas examined

### 5.5.1 Residents views

We spoke with nine residents individually. We received four completed residents' satisfaction questionnaires. In accordance with their capabilities all expressed or indicated that they were happy with their life in the home, their relationship with staff and the care provided.

Some of the comments received from residents included:

- "They are very good here, I am happy"
- "The food is good, my bed is very comfortable"
- "Everyone is very kind, I have all I need"
- "I have settled in ok, everyone is very helpful"

### 5.5.2 Relatives/representatives views

We met with two visiting relatives/representatives. They informed us that their relative had only recently moved into the home but were pleased that he/she had settled in quickly. They stated that they found the staff in the home very welcoming.

### 5.5.3 Staff views

We spoke with four care staff and received seven completed staff questionnaires. Staff confirmed to us that they were supported in their respective duties and were provided with relevant training and resources to undertake their duties. The returned questionnaires showed positive feedback from staff in relation to the standard and theme inspected.

### 5.5.4 General Environment

We observed that the ceiling area in the living room was in need of repair. Some ceiling tiles were badly stained with one missing showing the roof space. We made a recommendation that this should be rectified. We also noted that the general décor in the living room area was in need of improvement. Paint work in the living room was damaged; and the carpet appeared

rippled in places. We made a recommendation that the décor and carpeting in the living room area should be improved.

We observed a variety of furnishings in residents' bedrooms. This was discussed with the registered manager who confirmed that residents can bring their own furnishings into the home. Having previously reviewed the homes Statement of Purpose we noted that as part of the admissions procedure any items brought into the home should be checked for fire safety standards. We noted there was no evidence of checks being carried out to ensure that furnishings brought into the home by residents met fire and safety requirements. One requirement was made that the home should introduce a robust system for vetting items coming in to the home. These checks should be carried out initially at admission and remain ongoing. Appropriate records should be maintained in this regard.

Through a process of observation, inspection of records and discussion with the registered manager we became aware of a high risk issue involving an electrical appliance in the home. This issue was discussed with the registered manager and an urgent actions letter was issued. The registered manager provided written confirmation on 7 October 2015 that this matter had been addressed.

The registered manager confirmed to us that the home checked electrical appliances that the home supplied and were not testing items brought into the home by residents. One requirement was made that Portable Appliance Tests (PAT) should be carried out for all electrical appliances brought into the home. These should be reviewed regularly. This information was shared with RQIA estates inspectorate.

#### **5.5.5 Statement of Purpose and Residents Guide**

We inspected the homes Statement of Purpose and Residents Guide. We made two requirements that these documents should be reviewed and revised to clearly reflect that bedrooms will be furnished upon admission, however if desired a resident can choose to bring their own furnishings into the home subject to fire safety requirements.

#### **5.5.6 Accidents and incidents**

We reviewed the accident and incident reports from the previous inspection and found these to be appropriately managed and reported.

#### **5.5.7 Fire Safety**

An up to date Fire Safety Risk Assessment was in place, fire safety checks and staff training was maintained on an up to date basis.

#### **5.5.8 Complaints and compliments**

We reviewed records of complaints and compliments maintained in the home. All complaints recorded were handled appropriately by the home. We viewed a number of compliments.

## Areas for improvement

We identified six areas for improvement from the additional areas examined. This resulted in four requirements and two recommendations being made.

<b>Number of requirements:</b>	4	<b>Number of recommendations:</b>	2
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## 6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Maureen Corry as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

### 6.2 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, Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.3 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.4 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.



## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p>Ref: Regulation 18 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 3 November 2015</p>	<p>The registered manager must ensure there is a robust system in place to ensure furnishings brought into the home meet fire safety requirements. These checks should be carried out initially at admission and remain ongoing. Appropriate records should be maintained to reflect this.</p> <p><b>Response by Registered Person(s) detailing the actions taken:</b> The admission checklist has been amended to allow for more detailed assessment and recording of personal furnishings brought into the home. The possessions book has also been updated to show details of further checks.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 27 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 29 October 2015</p>	<p>The registered manager must ensure that all electrical appliances brought into the home are subject to Portable Appliance Tests (PAT). These should be reviewed on a regular basis.</p> <p><b>Response by Registered Person(s) detailing the actions taken:</b> Clanmil's nominated contractor will carry out PAT testing annually on all items that require it in line with current HSE guidance. Our contractor will also annually visually inspect any other electrical equipment contained in residents rooms that do not currently require testing under the current HSE Guidance and will retain a log of this.</p>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 3 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 3 November 2015</p>	<p>The registered manager must ensure the Statement of Purpose is amended to clearly reflect that rooms in the home are furnished. However should a resident choose to bring their own furnishings into their bedroom these must meet fire safety requirements.</p> <p><b>Response by Registered Person(s) detailing the actions taken:</b> The Statement of purpose has been amended to show choice is available to resident to have their room furnished or to bring their own furniture if they choose</p>
<p><b>Requirement 4</b></p> <p>Ref: Regulation 4 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 3 November 2015</p>	<p>The registered manager must ensure the Residents Guide is amended to clearly reflect that rooms in the home are furnished. However should a resident choose to bring their own furnishings into their bedroom these must meet fire safety requirements.</p> <p><b>Response by Registered Person(s) detailing the actions taken:</b> The residents guide has been amended to show choice is available to residents to have their room furnished or to bring their own if they choose</p>

Recommendations			
<b>Recommendation 1</b> Ref: Standard 8.2  Stated: First time  To be completed by: From the date of inspection and ongoing.	The registered manager should ensure the identified residents records are completed and maintained in accordance with the information included in their care plan.  <b>Response by Registered Person(s) detailing the actions taken:</b> The home manager has reinforced to staff the importance of accurate recording and completion of any additional documentation required to demonstrate compliance with the care plans		
<b>Recommendation 2</b> Ref: Standard 27.8  Stated: First time  To be completed by: 20 October 2015	The registered manager should ensure that the ceiling area in the main living area of the home is improved upon.  <b>Response by Registered Person(s) detailing the actions taken:</b> The communal areas of the Home are due to have redecoration works carried out. However we are procuring the services of a designer to enhance the communal lounge and dining areas to maximise their potential for residents enjoyment. These works wont be completed by the recommended time, however are programmed to be completed after Christmas 2015		
<b>Recommendation 3</b> Ref: Standard 27.1  Stated: First time  To be completed by: 24 November 2015	The registered manager should ensure that the décor in the living area is improved upon. Reference to this is made to the paint work and ripples observed in the carpet.  <b>Response by Registered Person(s) detailing the actions taken:</b> With reference to the paint work and flooring this will be included in the planned programme of work scheduled for the beginning of 2016		
Registered Manager completing QIP	<i>M. Perry</i>	Date completed	23/11/15
Registered Person approving QIP	<i>M. Perry</i>	Date approved	''
RQIA Inspector assessing response	<i>Bronagh O'Connell</i>	Date approved	1.12.15

\*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\*