The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Clairville**

Provider: **Clairville**

Date of Inspection: **15 April 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	**Clairville**
Responsible Individual:	**Mrs Veronica Reid**
Registered Manager:	**Ms Emma Reid**
Service Profile – This home is a registered residential care home which provides health and social care for up to 17 residents. Residents' bedrooms are located across two floors with communal spaces and a dining room located on the ground floor. Residents' have access to outside space.	

2.0 Inspection summary

An unannounced inspection took place on 15 April 2025, from 10.30 am to 4.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 17 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.
Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection, one area for improvement was assessed as having been addressed by the provider; one area for improvement pertaining to medicines management has been carried forward for review at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoken with who were able to make their wishes known said they enjoyed living in the home and that it was a good experience. Some of the comments shared by residents included; "they (staff) look after me very well", "I am very comfortable" and "they (staff) are very good to me."

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents explained that they have regular activities, for example card making and have visits from family and friends in their room or one of the lounges.

Questionnaires returned from relatives indicated that they were very happy and satisfied with the care their relatives were receiving in the home. Some of the comments shared in the responses included; "excellent, every need is met with total dedication" and "totally satisfied with the care and attention."

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. The previous inspection had identified an area for improvement pertaining to pre employment recruitment checks, whilst improvements were noted, a review of a sample of records, evidenced that not all of the relevant recruitment checks had been obtained in a timely manner. This was discussed with the manager and assurance was provided that the system in place would be reviewed; the area for improvement was stated for a second time.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; staff were supporting residents with activities in the lounge area.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Throughout the day staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Observation of the lunch time meal, review of records and discussion with residents and staff evidenced that there were robust systems in place to manage patient's nutrition and mealtime experience.

The importance of engaging with residents was well understood by the manager and staff. Observation of activities took place after lunch in the lounge area and was based on the resident's individual preference; some residents were observed colouring, others were completing arts and crafts and others were watching the television. It was observed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity, for example, listening to music or waiting for their visitors to arrive.

Staff understood that meaningful activity was not isolated to the planned social events or games.

The weekly programme of social events was displayed on the noticeboard to ensure residents, families and staff are well informed of future events.

Residents' needs were met through a range of individual and group activities such as pamper sessions, ball games and arts and crafts. Residents said they were able to sit outside in the outdoor space when the weather was appropriate and that staff supported them with this.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

A review of a sample of residents' files, evidenced shortfalls in records pertaining to a residents end of life wishes, this was discussed with the manager for immediate review and action as appropriate; an area for improvement was identified. Care records were person centred and care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents care records were held confidentially.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There was evidence of 'homely' touches such as flowers, newspapers and magazines.

There was evidence of ongoing refurbishment, to include new mattress for a resident's room and discussion with the manager confirmed a refurbishment plan was in place to refurbish areas within the kitchen and hallway; this will be reviewed at a future inspection.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance; where minor deficits were identifed, this was brought to the attention of the manger who addressed it immediately. Staff use of PPE and hand hygiene was regulary monitored by the manager and records were maintained.

3.3.5 Quality of Management Systems

There has been no change in the management of this home since the last inspection. Ms Emma Reid has been managing the home since 30 October 2014.

Residents and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

A discussion took place with the manager to review the homes current statement of purpose to ensure it is fully reflective of the homes philosophy of care; assurance was provided by the manager that this would be reviewed. This will be followed up at a future inspection.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1*	2*

* the total number of areas for improvement includes one that has been stated for a second time and one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Emma Reid, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 21 (1) (b) **Stated:** Second time	The registered person shall not employ a person to work at the registered premises unless they have obtained the information and documents specified in paragraphs 1 to 7 of Schedule 2. Ref: 3.3.1
To be completed by: From the date of inspection (15 April 2025)	**Response by registered person detailing the actions taken:** The Registered person makes it a priority to ensure all staff are Access NI checked prior to commencing work within our organisation. Unfortunatley, there appears to have been a typo on this occasion relating to one workers documents. The Registered person will continue to ensure all appplicants are fully vetted prior to commencing work with us and that this is reflected accurately in their paperwork.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)	
Area for improvement 1 **Ref:** Standard 32 **Stated:** Second time	The registered person shall ensure that the temperature range of the medicine refrigerator is accurately measured and recorded each day. Action must be taken if temperatures outside the required range are observed. Ref: 5.1 and 5.2.2
To be completed by: Immediate and ongoing (21 February 2024)	**Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**
Area for improvement 2 **Ref:** Standard 5 **Stated:** First time	The Registered Person shall ensure appropriate records are maintained to evidence communication with relevant stakeholders pertaining to a residents end of life wishes. Ref: 3.3.3
To be completed by: Immediate and ongoing (15 April 2025)	**Response by registered person detailing the actions taken:** The Registered person will ensure further advise from relevant stakeholders pertaining to residents end of life wishes is taken into consideration and recorded.

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

The Regulation and Quality Improvement Authority

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