

Inspection Report

17 May 2024



Clairville

Type of Service: Residential Care Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation / Registered Provider: Clairville</p> <p>Responsible Individual Mrs Veronica Reid</p>	<p>Registered Manager: Ms Emma Reid</p> <p>Date registered: 18 January 2021</p>
<p>Person in charge at the time of inspection: Ms Emma Reid</p>	<p>Number of registered places: 17</p> <p>No more than 2 persons in Cat. PH. No more than 6 persons in Cat. DE.</p>
<p>Categories of care: Residential Care (RC) PH – Physical disability other than sensory impairment. DE – Dementia. I – Old age not falling within any other category. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 17</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>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 lounges and a dining room located on the ground floor.</p>	

2.0 Inspection summary

An unannounced inspection took place on 17 May 2024 from 10.00 am to 4.30 pm by a 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.

Three new areas for improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP) in section 6.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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, and a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

A poster was provided detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow residents and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

The daily life within the home was observed and how staff went about their work.

A range of documents and records were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Residents spoke positively about the care that they received and commented positively on the food and their interactions with staff.

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, morale and managerial support.

As stated in section 3.0, questionnaires and a poster with a link to an online survey were left with the management, to allow residents, relatives, visitors and staff unable to meet with the inspector the opportunity to provide feedback on the home. Seven questionnaires were returned that indicated all were satisfied with the care and services provided in Clairville. Comments included were "excellent" "home from home" and "great care". Four staff responses were received that indicated all were satisfied with the care and services provided in Clairville. Comments included were "I love working at Clairville". One staff response was received that indicated varying degrees of satisfaction and included comments were shared with the manager for review and action as appropriate.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 21 February 2024		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(4) Stated: First time	<p>The registered person shall ensure the fire risk assessment is updated in keeping with relevant legislation and guidance.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 32 Stated: Second time	<p>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.</p> <p>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.</p>	Carried forward to the next inspection
Area for improvement 2 Ref: Standard 20 Stated: First time	<p>The registered person shall develop a system to monitor and regularly review the residents who have a Deprivation of Liberty Safeguards in place.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met

<p>Area for improvement 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person shall ensure that (but not limited to), the areas identified during inspection remain free of inappropriate storage and obstruction.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 27</p> <p>Stated: First time</p>	<p>The registered person shall review the use of the identified room and if necessary submit a variation to registration to RQIA.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 27</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the premises are kept in a good state of repair and reasonably decorated.</p> <p>A refurbishment plan with timeframes for completion to be submitted to RQIA with this QIP.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 14</p> <p>Stated: First time</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. This includes but not limited to:</p> <ul style="list-style-type: none"> • Restrictive practices • Trend analysis of falls 	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Discussion with the manager and review of a sample of recruitment records, evidenced that not all of the relevant recruitment checks had been completed in a timely manner, prior to a staff member commencing employment. This was discussed with the manager for immediate review and action as appropriate; an area for improvement was identified.

Staff confirmed they were provided with an induction programme to support them in the tasks associated with their role and duties. There were systems in place to ensure staff were trained and supported to do their job. Mandatory training was progressing for staff and the manager confirmed that training compliance was kept under review.

Discussion with the manager and a review of records evidenced that the system in place to monitor staffs' registration with the Northern Ireland Social Care Council (NISCC) was not sufficiently robust to demonstrate that applicable staff were either registered or in the process of registering with NISCC. Following the inspection, the manager provided an update on the status of the identified staff; an area for improvement was identified.

Staff should have the opportunity to attend, at minimum, two supervisions and an appraisal annually to review their roles and enhance their professional development. A review of records and discussion with the manager confirmed that a matrix had been developed and was ongoing; progress with this will be reviewed at a future inspection.

The duty rota identified the staff working in the home over a 24-hour period, and identified the person in charge when the manager was not on duty. Staff taking charge of the home in the absence of the manager are required to have undertaken a competency and capability assessment prior to commencing in the role; review of a sample of these records confirmed these had been completed as required.

Observations confirmed that residents' needs were met by the staff on duty. Residents told us that they were satisfied with the delivery of care, attentiveness and support received from staff.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Discussion with the manager confirmed that residents' needs were assessed 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. The need to ensure that the home operates within the categories of care for which they are registered to provide care within, was discussed with the manager. Assurance was provided by the manager, that where residents needs have changed, these would be discussed without delay with the relevant health and social care trust.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents' needs determine that they may require a range of support with eating and drinking; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. The food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. Staff made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Daily records were kept of how each resident spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy. There was evidence of ongoing refurbishment and a refurbishment plan was in place.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable.

There was evidence throughout the home of homely touches such as snacks and drinks being made available throughout the day.

Corridors and fire exits were observed to be free of obstruction.

Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were retained.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

Discussion with residents confirmed that they were able to choose how they spent their day.

There was a range of activities provided for residents by staff, and it was observed that staff ensured a social atmosphere in communal areas with music and the television available.

Staff took time to chat to the residents whilst going about their daily routine. Staff interactions with residents were observed to be pleasant, polite, friendly and warm. Staff recognised the importance of maintaining good communication with families and visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

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

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

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

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA, however, a review of records evidenced that not all applicable incidents had been notified to RQIA in a timely manner; an area for improvement was identified.

The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports were available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	3	1*

* the total number of areas for improvement includes 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (17 May 2024)</p>	<p>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.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Registered person always ensures employment history is reviewed prior to employing a new member of staff. Unfortunately, on this occasion the relevant paperwork had not been transferred and included into the employee files. This has since been rectified and the registered person will ensure that all relevant information and documentation is available for inspection within the employees file.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (17 May 2024)</p>	<p>The registered person must ensure that all relevant staff are registered with the Northern Ireland Social Care Council (NISCC) and that these registrations are robustly monitored.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Registered person has incorporated a robust monitoring system to ensure all relevant staff NISCC registrations are kept up to date.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (17 May 2024)</p>	<p>The registered person shall ensure that all accidents and incidents which occur in the home are reported promptly to RQIA in keeping with regulation.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Having discussed the 'grey areas' of incident reporting thoroughly with the inspector the Registered Manager is clear that all relevant incidents will be reported promptly to RQIA.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 32 Stated: Second time To be completed by: Immediate and ongoing (21 February 2024)	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
	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.

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



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