

# Inspection Report

<b>Name of Service:</b>	<b>Anniscliff House</b>
<b>Provider:</b>	<b>Anniscliff</b>
<b>Date of Inspection:</b>	<b>30 April 2025</b>

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Anniscliff
<b>Responsible Person:</b>	Mrs Bernadette McGilligan
<b>Registered Manager:</b>	Mrs Bernadette McGilligan  <b>Date registered:</b> 1 April 2005

### Service Profile –

This home is a registered residential care home which provides health and social care for up to 17 residents. The home is based across two floors with access to stairs and a through floor lift. The home is registered to provide care for residents with a range of needs, including; dementia, mental health and general health and social care for residents over 65 years of age and one identified resident under 65 years of age.

There are a range of communal areas throughout the home and residents have access to an outdoor area.

## 2.0 Inspection summary

An unannounced inspection took place on 30 April 2025, between 10.00 am and 5.00 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 22 July 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 three areas for improvement were assessed as having been addressed by the provider. 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, generally provided positive feedback about their experiences residing in the home. Some of the comments shared included; "I enjoy the company" and "the food is very good, there is lots of options." Residents generally said there were a range of activities in the home. Other comments regarding the activities were shared with the management team.

Resident questionnaires returned confirmed that the residents found the care to be; safe, effective, compassionate and well led. Some of the comments shared in the responses included; "there is always someone about if I need anything" and "the care is really good."

Questionnaires returned from relatives provided positive feedback about the care delivery in the home. Some of the comments shared in the responses included; "my relative is very safe and content" and "resident's dignity is respected."

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 could go out to local shops, clubs or other activities in the community. The home has a newsletter in place to inform residents and relatives of the different events which take place in the home and the community each month.

Residents told us that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

### **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. Assurances were provided in writing following the inspection that Deprivation of Liberty Safeguards (DoLS) and fire awareness training had been arranged for staff. There was evidence of systems in place to manage staffing. Advice was provided to the manager regarding the need for the person in charge in the absence of the manager to be clearly identified on the duty rota. Assurances were provided this would be updated on the duty rota.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

#### **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.

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, 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.

Discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was evident that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

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

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. The weekly programme of social events was displayed on the noticeboard advising of future events.

Residents' needs were met through a range of individual and group activities such as; board games, arts and crafts and hairdressing.

Residents were well informed of the activities planned for the week and of their opportunity to be involved and looked forward to attending the planned events.

### 3.3.3 Management of Care Records

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the residents' needs. 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.

There was no evidence of pre-admission assessments completed prior to a resident being admitted to the home. The manager provided assurances that an assessment takes place however, records of these assessments were not maintained. An area for improvement was identified.

Assessments and care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Following a review of a sample of care plans, there was evidence that these were not always completed within one month of admission to the home, this was shared with the manager for review and action.

### 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 throughout the home, such as newspapers, snacks and drinks available.

Review of records and discussion with staff confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit.

There was evidence of toiletries stored in communal bathrooms which were not labelled for individual use, for example; shower gels and creams. Creams were removed at the time of inspection and advice was provided to the manager regarding the need for these and toiletries to be maintained for individual use. An area for improvement was identified.

There was evidence of make-up stored in a communal bathroom. This was removed by the manager on the day of inspection. This should be risk assessed and managed to reduce the risk of cross contamination between use.

Staff were observed washing their hands correctly and wearing personal protective equipment at the appropriate times throughout the inspection. Advice was provided to the manager regarding the completion of hand hygiene audits to monitor staff's compliance with hand hygiene.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Bernadette McGilligan has been the Registered Manager in this home since 1 April 2005.

Residents and staff commented positively about the manager and described her as supportive, and approachable.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

There was evidence of the completion and screening of referrals to safeguard adults at risk of harm. Advice was provided to the manager to review the current system to ensure there is good governance arrangements in place to monitor any referrals and the outcomes of the screening decisions.

#### 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
<b>Total number of Areas for Improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Bernadette McGilligan, Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.2 December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 3.4  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2025	The Registered Person shall ensure that a pre-admission assessment is completed prior to any resident being admitted to the home. These must be recorded, dated and signed.  <b>Ref:</b> 3.3.3  <b>Response by registered person detailing the actions taken:</b> The Registered Person will ensure that a pre-assessment is completed prior to any resident being admitted to the home. These pre-assessments will be recorded, dated and signed from today on.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> 7 May 2025	The Registered Person shall ensure toiletries are managed for individual use across the home, with specific reference to; shower gels and creams.  <b>Ref:</b> 3.3.4  <b>Response by registered person detailing the actions taken:</b> The Registered Person will ensure all residents have their own shower gels and creams for their own personal use.

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



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