

# Inspection Report

**Name of Service:** Crozier House  
**Provider:** Southern HSC Trust  
**Date of Inspection:** 10 October 2024

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>	SHSCT
<b>Responsible Person:</b>	Dr Maria O’Kane
<b>Registered Manager:</b>	Mrs Deidre Irvine <b>Date registered:</b> 22 December 2022
<b>Service Profile:</b>  This home is a registered residential care home which provides health and social care for up to 27 residents living with dementia or frail elderly. Residents have their own bedroom, communal lounges, dining area and outside space.	

## 2.0 Inspection summary

An unannounced care inspection took place on 10 October 2024, from 9.30 am to 2.00 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 14 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 fifteen areas for improvement from the previous care inspection on 14 May 2024 were assessed as having been addressed by the provider. Four areas for improvement relating to medicines management were not assessed and these will be reviewed at a future inspection. Full details, including one new area for improvement, 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 told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "staff are excellent and the care is great", "staff are kind and caring" and "staff are very attentive".

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

Seven questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

### 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. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them and that staff were quick to respond to calls for assistance. 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. Management confirmed that recruitment was ongoing in the Trust to fill vacant care staff posts.

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; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

#### 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. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

Residents may require special attention to their skin care. Care records accurately reflected the residents' assessed needs and input from other professionals such as the District Nursing team.

Examination of care records and discussion with the manager 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 if required.

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.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious.

Activities for residents were provided which included both group and one to one activities. Birthdays and annual holidays were celebrated and staff confirmed good relations between the home and the local community.

An activity planner was available for residents and their representatives to view and the planned activity on the day of inspection was a quiz, scheduled for the afternoon.

A review of activity records highlighted gaps in recording. It is important for staff to complete a record of activities and if a planned activity is postponed or cancelled; staff should record the reason why this has occurred. An area for improvement has been identified.

### 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.

Residents care records were held confidentially.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. There were two care records for new residents that required review, the manager confirmed post inspection that this had been actioned.

Care staff recorded regular evaluations about the delivery of care. These records were person centred and captured the support provided by staff to residents on a daily basis.

### 3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

Systems and processes were in place for the management of infection prevention and control. For example; there was adequate supplies of personal protective equipment (PPE) and staff confirmed good availability of cleaning products.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with regional guidance.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. One action from the previous Fire Risk Assessment on 16 September 2022 had been appropriately escalated within the Trust. RQIA are satisfied on this occasion to meet the previous area for improvement in relation to this.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Deirdre Irvine has been the Registered Manager in this home since 22 December 2022.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust 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.

### 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>	1*	4*

\* the total number of areas for improvement includes one regulation and three standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Deirdre Irvine, 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 Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 10 July 2023	The registered person shall ensure that records of administration of thickening agents are accurately maintained and that they include the recommended consistency level.  Ref: 2.0  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> 10 July 2023	The registered person shall ensure that care plans are in place to direct staff when residents are prescribed medicines for chronic pain.  Ref: 2.0  <b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 32.1  <b>Stated:</b> First time  <b>To be completed by:</b> 10 July 2023	The registered person shall ensure that the temperature of the room where medicines are stored is monitored and recorded daily to ensure medicines are stored appropriately.  Ref: 2.0  <b>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.</b>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 33</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 August 2023</p>	<p>The registered person shall ensure that a robust system of audit which covers all aspects of medicines management is implemented to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff.</p> <p>Ref: 2.0</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 13.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 October 2024</p>	<p>The registered person shall ensure that a record is kept of all activities that take place in the home, the person leading the activity and the names of residents who participate.</p> <p>If planned activities are cancelled or postponed, reasons why should also be recorded.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>A white board has now been erected in the Residents dining room detailing the daily activity. This includes time, venue and staff member leading the activity. The staff member who enters the activities carried out into the activity book, records the activities delivered, the attendees and whether the activity was postponed or cancelled, plus the reason for the same.</p>

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



## The Regulation and Quality Improvement Authority

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