

Inspection Report

9 July 2024



Clifton House

Type of service: Residential Care Home
Address: 2 North Queen Street, Belfast, BT15 1ES
Telephone number: 028 9089 7532

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Radius Housing Association	Registered Manager: Catrina O'Rourke
Responsible Individual: Mrs Fiona McAnespie	Date registered: 23 January 2023
Person in charge at the time of inspection: Graeme Beatty – covering manager on the day of inspection	Number of registered places: 27
Categories of care: Residential Care (RC) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. A – Past or present alcohol dependence.	Number of residents accommodated in the residential care home on the day of this inspection: 22
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 27 residents. The home is divided over two floors. Residents have access to a communal lounge, dining room, activity room and enclosed garden area.	

2.0 Inspection summary

An unannounced inspection took place on 9 July 2024, from 9.30 am to 5.00 pm by two care inspectors.

The inspection assessed progress since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

It was evident that staff had a good understanding of residents' needs and treated them with kindness and respect. Residents looked well cared for and said that living in the home was a good experience.

Staff spoke positively of their experiences working in the home and of the support provided by the manager. Additional comments received from the residents and staff are included in the main body of the report.

Areas requiring improvement were identified during this inspection and details of these can be found in the main body of this report and in the Quality Improvement Plan (QIP) in section 6.0.

RQIA were assured that the delivery of care and service provided in Clifton House was safe, effective and compassionate. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' lived experience.

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, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

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.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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

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

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 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 look after me very well”, “the activities are fun” and “staff are friendly”.

Residents who were less well able to communicate looked well cared for, comfortable and content in their surroundings and in the company of staff.

One resident told us about a complaint they had in relation to food and activities in the home. This was discussed with the manager for action and review.

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

One relative spoke highly of the care provided in the home, stating that they are happy with the care and support being provided to their loved ones.

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

5.0 The inspection

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

The last inspection to Clifton House was undertaken on 10 October 2023 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Staff training compliance in the home was of a good standard. A review of staff records confirmed that new staff had completed an induction within the home.

The staff duty rota accurately reflected the staff working in the home on a daily basis. Advice was provided to the manager to ensure the duty rota is consistently signed off by the manager following completion. This will be reviewed at the next care inspection.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

There were competency and capability assessments in place for staff left in charge of the home, in absence of the manager.

Staff received supervision sessions and an annual appraisal; and records were maintained.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC), this evidenced that all staff who were required to be registered with NISCC, had this in place.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff told us there was good teamwork, communication is good and they enjoy working in the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff demonstrated their knowledge of individual resident's needs, wishes, preferred activities and likes/dislikes.

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

Review of care records confirmed that resident's needs were assessed at the time of admission to the home. Following assessment, care plans were developed to direct staff on how to meet the resident's needs. This included any advice or recommendations made by other healthcare professionals; for example, the Speech and Language Team.

Care records were mostly well maintained, regularly reviewed by staff and consistent in meeting resident's needs. Information was held in the care plans on what or who was important to the resident and input was provided by family where appropriate.

At times some residents may be required to use equipment that can be considered to be restrictive. For example; bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

Some residents had been assessed as not having the capacity to make certain decisions in order to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place and residents care plans reflected this.

The home had a fob system in situ for entry and exit, discussion with the manager highlighted that this was for security reasons. There was evidence that staff had completed mandatory training in Deprivation of Liberty Safeguards (DoLS); however, they were unable to demonstrate their understanding of this in practice. For example; staff were unable to identify those residents who were able to freely leave the home. A discussion took place with the manager and an area for improvement has been identified.

Review of records evidenced that residents' weights were checked monthly to monitor weight loss or gain. One resident's records highlighted that there had not been a referral to the relevant professionals, following a period of weight loss and the care plan had not been updated to include this information. This was discussed with the manager who agreed to action immediately.

Examination of records and discussion with the management team confirmed that the risk of falling in the home were well managed. Where a resident was at risk of falling, measures to reduce this risk were put in place.

Daily progress records were kept in relation to how each resident spent their day and the care and support provided by staff; these records were person centred. The outcome of visits from any healthcare professional was recorded. Residents care records were held confidentially.

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.

Staff assisted residents into the dining room and ensured they were comfortably seated for their meal. It was noted that there was a delay between residents arriving in the dining room, to lunch being served. Advice was provided to the manager that this should be reviewed to ensure that residents are not waiting for long periods for their meal to arrive.

There was a choice of meals offered, the food was attractively presented and looked appetising. There was a daily menu available for residents and their representatives to view. A discussion took place with the manager to ensure that menus are regularly reviewed to include healthier options for residents during the evening meal.

Staff told us how they were made aware of residents' nutritional needs and confirmed that accurate residents care records were important to ensure residents received the right diet.

5.2.3 Management of the Environment and Infection Prevention and Control

The home is an older, period style building that has been converted into a residential care facility. The home was warm and comfortable for residents. Bedrooms were clean, tidy and personalised with photographs and other personal belongings. Communal areas were well decorated, suitably furnished and homely.

It was apparent that work was required in parts of the home to ensure the homes environment was maintained and decorated to a good standard. Flooring in parts of the home was worn and stained and needed to be effectively cleaned or replaced. Ceiling tiles were missing in areas throughout the home and doors, rails and skirting throughout the home need re-painted or replaced. An area for improvement has been identified.

Observation of the home's environment evidenced that hair dressing supplies were not safely stored in keeping with Control of Substances Hazardous to Health (COSHH) regulations. This was brought to the attention of staff immediately who arranged for the hairdressing room to be locked to reduce the risk of harm to anyone using or potentially accessing them. One residents

bathroom also had steradent denture cleaning tablets accessible to anyone entering the bedroom. An area for improvement has been identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors in the home were safe. The Fire Risk Assessment for the home was completed on 2 November 2023 and all actions were completed as required.

Systems and processes were in place for the management of infection prevention and control. For example; there were ample supply of personal and 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.

5.2.4 Quality of Life for Residents

The atmosphere in the home was welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff. Discussion with residents confirmed that they were satisfied that they could make their own choices throughout the day with regard to their routine. For example, residents could have a lie in or stay up late to watch TV.

It was observed that staff offered choice to residents throughout the day which included food and drink options and where and how they wished to spend their time. Some residents choose to spend time in the communal lounges watching TV and chatting to staff. Other residents preferred to spend time alone relaxing in their bedrooms or having visits with loved ones.

Residents spoke positively about the provision of activities in the home with the majority of residents telling us they really enjoyed going to local community halls for tea dances. An activity planner was in place for residents and their representatives to view. Activities offered in the home included, bingo, baking, hairdressing and music activities. The activity coordinator was enthusiastic about her role in the home and discussed creative ways of providing activities for residents in the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Catrina O'Rourke has been the Manager of this home since 3 March 2021. Staff 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 robust 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.

There was a system in place to manage complaints. There were no complaints recorded since the last inspection.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Staff meetings were held accordingly and included a comprehensive list of agenda items. A review of these records highlighted that there were no action plans being created following meetings to include; action identified, person responsible and date achieved by. This is a good method to ensure tasks are completed in an achievable timescale. An area for improvement has been identified.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are 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	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the 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 14 (5)

Stated: First time

To be completed by: 1
October 2024

The registered person shall ensure that staff fully understand what constitutes a restrictive practice in order to appropriately promote residents' freedom of movement.

Ref: 5.2.2

Response by registered person detailing the actions taken:

All staff have repeated their MCA online training since the inspection. The registered manager has discussed this with the staff and will review at the next staff meetings to ensure all staff fully understand what constitutes restrictive practice.

Area for improvement 2

Ref: Regulation 14 (2) (a)
(c)

Stated: First time

To be completed by:
9 July 2024

The registered person shall ensure that all areas of the home to which residents have access are free from hazards to their safety; and that staff are made aware of their responsibility to recognise potential risks and hazards and how to report, reduce and eliminate the hazard.

This area for improvement is made with specific reference to ensuring the hairdressing room is kept locked when not in use; and the supervision and safe storage of steradent denture cleaning tablets.

Ref: 5.2.2

Response by registered person detailing the actions taken:

All staff have been reminded of the requirement to keep the hairdressing room locked when it is not being used. Relatives have been reminded that steradent tablets must not be purchased and left with the resident but must be given to a staff member who will ensure they are kept securely in a locked cabinet. Staff are aware that they must remain vigilant.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)

Area for improvement 1

Ref: Standard 27.1

Stated: First time

To be completed by:
1 October 2024

The registered person shall conduct a review of the homes environment to identify refurbishments required and complete a time bound action plan to address any issues identified. This plan should be shared with RQIA for review.

Ref: 5.2.3

	<p>Response by registered person detailing the actions taken:</p> <p>Radius plan to complete refurbishment at Clifton. A new fire panel has been installed and the lift will be replaced this autumn. A time bound plan will be shared with the Inspector to detail other planned works to improve the homes environment.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: DD Month Year</p>	<p>The registered person shall ensure that action plans are created following staff and resident's meetings which include details of the actions agreed and plan to address any areas of concern, who is responsible for the action and date the action is achieved by.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The registered manager will ensure that action plans are created following all meetings since the date of the Inspection, these will be reviewed as part of the regulation 29 visits.</p>

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