

Inspection Report

Name of Service: De La Cour House

Provider: Clanmil Housing Association

Date of Inspection: 26 November 2024

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:	Clanmil Housing Association
Responsible Individual:	Mrs Carol McTaggart
Registered Manager:	Miss Tammy Forsythe – not registered
<p>Service Profile – This home is a registered residential care home which provides health and social care for 14 older people ,and to residents living with dementia. The home is divided over three floors with bedrooms on the ground and first floor. There is a communal dining room and lounge on the ground floor. A communal garden is available for residents' use.</p>	

2.0 Inspection summary

An unannounced inspection took place on 26 November 2024 from 9.40am to 5.00pm 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 15 February 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 eight areas for improvement were assessed as having been addressed by the provider. In the absence of the Responsible Individual, representatives from the homes management team were invited to attend a meeting with RQIA on the 5 December 2024 to discuss the inspection findings. 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 residents, 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 spoke positively about life in the home. Comments included, "The food is good," and "There is plenty of choice." Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us, "We are well cared for; I have no concerns." Another resident said, "The care is excellent!"

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.

A relative commented, "The staff know the residents, I have great peace of mind now."

Residents told us that staff offered them choices 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.

Eight completed questionnaires were received from residents following the inspection. One questionnaire was received from staff with negative comments; this was shared with the management team for their review and action as appropriate. No responses were received from relatives, or from the staff survey following the inspection.

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. Review of staffs' registration with the Northern Ireland Social Care Council (NISCC) identified one member of staff not appropriately registered. This was discussed with the manager and an area for an improvement was identified. Following the inspection, RQIA received assurance that the member of staff has been appropriately registered with NISCC.

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

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.

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 resident's 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 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 resident 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 the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

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, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

The importance of engaging with residents was well understood by the manager and staff.

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

Residents' needs were met through a range of individual and group activities such as bingo, religious services, arts and crafts and musical activities.

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 person centred. Care plans reviewed did not contain sufficient detail about the management of diabetes and pressure area care. Contemporary recording around pressure area care was found to lack detail; this was discussed with the manager and two areas for improvement were identified. 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.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. The home had been decorated for Christmas. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Toiletries were found to be stored in a bathroom, and residents had unrestricted access to a cupboard in a small kitchen containing a large supply of biscuits. This was brought to the manager's attention and addressed. An area for improvement was identified.

Review of records 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. For example, resident call system checks, electrical installation checks and water temperature checks.

Not all staff working in the home had a fire drill in the past year. An area for improvement was identified.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Tammy Forsythe has been the acting manager in this home since 16 October 2023.

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

Discussion with the manager identified that an annual service quality report had not been completed by the home. This was discussed at the meeting with RQIA on the 5 December 2024, where assurances were provided this would be completed. An area for improvement was stated for a third time.

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.

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. These reports did not take into account the views of staff. An area for improvement was identified.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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	4*	3

* the total number of areas for improvement includes one that has been stated for a third time

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Tammy Forsythe, 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 17 (1) (2) (3)</p> <p>Stated: Third time</p> <p>To be completed by: 1 April 2025</p>	<p>The registered person shall ensure systems are in place to review care and services in the home and a report is prepared not less than annually and made available to RQIA, residents and residents representatives.</p> <p>Ref: 2.0 & 3.3.5</p> <p>Response by registered person detailing the actions taken: Area for Improvement accepted and will be in place by 31 March 2025.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (5) (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2024</p>	<p>The registered person shall ensure that a system is in place to ensure all staff are appropriately registered with the Northern Ireland Social Care Council.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Monthly checks are in place to monitor NISCC registration. Unfortunately due to a technical issue with the NISCC portal, this registration lapsed by a couple of weeks but was rectified when identified. Checks continue to be carried out.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2)(a)(c)</p> <p>Stated: First time</p> <p>To be completed by: 26 November 2024</p>	<p>The registered person shall ensure that all parts of the home that the residents have access to are free from hazards to their safety. This is stated in relation to toiletries, and unrestricted access to food.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The toiletries identified were removed on the day of the inspection and colleagues were advised to ensure they are locked away after use. Snack facilities in the kitchenette have been removed and a review being undertaken to ensure residents still have choice, which is controlled by risk.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 29 (4)(a)</p> <p>Stated: First time</p> <p>To be completed by: 1 January 2025</p>	<p>The registered person shall ensure that the person carrying out the monthly monitoring visits, interviews with their consent some of the residents, their representatives and the persons working in the home, to form an opinion of the standard provided. This is stated in relation to capturing staffs` views.</p> <p>Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: The monthly monitoring report has been updated to ensure that it explicitly directs the auditor to speak to colleagues and record their views.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2024</p>	<p>The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to pressure area care and the management of diabetes.</p> <p>Ref 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: The two care plans in question have been reviewed to ensure that they contain the sufficient detail as disussed with the inspector.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2024</p>	<p>The registered person shall ensure that all care and support provided for residents is sufficiently detailed. This is stated in relation to recording around pressure area care.</p> <p>Ref 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: As above, the two care plans in question have been reviewed to ensure that they contain the sufficient detail as disussed with the inspector.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 29.6</p> <p>Stated: First time</p> <p>To be completed by: 1 February 2025</p>	<p>The Registered Person shall ensure that all staff participate in a fire drill at least once a year.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: Three fire drills took place in 2024. A further fire drill will be conducted by 30 January to ensure those colleagues who have not yet taken part, do so.</p>

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