

# Inspection Report

## 4 May 2023



## Clandeboye

Type of service: Nursing Home  
Address: 35 Cardy Close,  
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Telephone number: 028 9127 1011

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Beaumont Care Homes Limited	<b>Registered Manager:</b> Mrs Laura Patterson
<b>Responsible Individual:</b> Mrs Ruth Burrows	<b>Date registered:</b> 23 May 2023
<b>Person in charge at the time of inspection:</b> Mrs Laura Patterson	<b>Number of registered places:</b> 52 The home is approved to provide care on a day basis to 1 person.
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 48
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 52 patients. The home is divided into two separate units. Patients' bedrooms, communal lounges and dining rooms are located within each unit and patients have access to enclosed garden spaces.	

## 2.0 Inspection summary

An unannounced inspection took place on 4 May 2023 from 9.20 am to 6.30 pm. The inspection was carried out 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.

Patients looked well cared for and spoke in positive terms about how they found life in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff were seen to be attentive to the needs of the patients and to treat them with respect and kindness.

Areas requiring improvement identified are discussed in the main body of the report.

RQIA were assured that the delivery of care and service provided in Clandeboye was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' 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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, 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 patients 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 and how staff went about their work was observed.

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 management team at the conclusion of the inspection.

### **4.0 What people told us about the service**

Due to the nature of dementia not all of the patients were able to discuss their opinion of daily life in the home but patients looked well cared for and content. Those patients who were able to have a chat spoke in positive terms about how they found life in the home. Comments made by patients included that "the staff are good" and "it is nice here".

Staff displayed a very positive attitude when discussing their roles and responsibilities in the home. Staff said that teamwork was good, the manager was approachable and they were satisfied with staffing levels. Comments made by staff included that "staffing levels have really improved", "there are more permanent staff and that is good", "Laura (the manager) makes sure agency staff are block booked and that really helps" and "there is good teamwork, support and morale".

Relatives were satisfied with communication and consultation regarding patients and with the attitude of staff. The majority of relatives were satisfied with the care provided; the relatives of one patient discussed some concerns in this area but they said that they had already raised these with staff and had noticed a slight improvement. Discussion with the manager confirmed that she was aware of these concerns and was working towards a satisfactory resolution for the relatives.

Comments made by relatives included that “I am very happy with staff, no issues”, “we are pleased with things”, “the nurses let me know if anything changes” and “the staff are very good”.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

Comments made by patients, staff and relatives were brought to the attention of the manager for information and action if required.

No completed questionnaires or responses to the staff survey were received following the inspection.

## 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 28 April 2022		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref: Standard 4.9</b>  <b>Stated: First time</b>	The registered person shall ensure that, in accordance with NMC guidelines, wound care records are contemporaneously completed by all nurses who work in the home including agency nurses.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of wound care records provided evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref: Standard 44</b>  <b>Stated: First time</b>	The registered person shall ensure that the identified lounge and linen store are tidied and decluttered. Items should be stored in appropriate places and furniture which is no longer needed should be disposed of in a timely manner.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Review of the environment provided evidence that this area for improvement was met.</p>	
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## 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 patients. Discussion with staff confirmed that they completed a suitable induction prior to working with the patients.

There were systems in place to ensure staff were trained and supported to do their job.

There was a system in place to monitor that staff were appropriately registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. It was noted that there were sufficient numbers of staff on duty to respond to the needs of the patients in a timely way.

There was a system in place to ensure that registered nurses, who take charge in the home in the absence of the manager, had completed relevant competency and capability assessments.

Staff said that teamwork and morale was good, their training needs were met and they enjoyed working in the home.

Patients said there enough staff to help them and that they found the staff to be helpful and friendly.

### 5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff respected patients' privacy and dignity; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly. Staff were seen to be responsive to requests for assistance.

Patients' 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 patients' needs and these included any advice or recommendations made by other healthcare professionals. There was

evidence of consultation with patients and their relatives in some of the care records reviewed but others did not show this as clearly. This was brought to the attention of the manager for information and appropriate action. Patients' care records were held confidentially.

Care records for patients with mobilising difficulties included recommendations regarding pressure relieving equipment in use and the frequency of repositioning. However, there was no formal system in place to monitor mattress settings to ensure these were correct. Required information, such as the type of mattress and the setting, was not consistently recorded on repositioning records and these were not always signed by two staff. An area for improvement was identified.

Where a patient was at risk of falling measures to reduce this risk were in place. Relevant risk assessments and care plans had been developed. Review of care records evidenced that staff took appropriate action in the event of a patient having a fall.

It was established that systems were in place to manage and monitor restrictive practices in use for patients, for example, bedrails and alarm mats.

Care records accurately reflected the patients' recommended care needs if they had a wound, relevant care plans had been developed and contemporaneous recording of wound care was maintained. If required, nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and/or the Podiatrist and followed the recommendations they made.

Review of care records evidenced that risk assessments and care plans were regularly reviewed but some evaluations were noted to be quite repetitive; this was brought to the attention of the manager for information and appropriate action. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Staff ensured that patients were comfortably seated in their preferred location for their meal. An up to date menu was on display in a suitable format for the patients.

Staff were seen to assist patients with the level of support they required throughout the meal time; this ranged from simple encouragement through to full assistance. However, a member of staff had to be prompted to take a seat beside the patient they were assisting. The serving of lunch was organised, relaxed and unhurried but it was observed that condiments were not offered to patients and plate covers were not used when taking meals on trays to bedrooms. All the food was served on plastic plates and bowls; traditional crockery was not in use or offered to those patients who might prefer this option. An area for improvement was identified.

There was a choice of meals on offer, the food was attractively presented, smelled appetising and was served in appropriate portion sizes. Patients were offered a variety of drinks with their meal.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet. Staff also discussed how they would recognise if a patient was developing swallowing difficulties and what action they would take as a result.

Patients said that they enjoyed the food on offer. Comments about the meals included that “I love the pancakes”, “I like the food but there can be too much gravy”, “lunch was lovely” and “the food is very nice”. Comments made by patients were brought to the attention of the manager for information and action if required.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be warm, clean, tidy and fresh smelling. The main communal areas were welcoming spaces for patients; some of the lounges and dining rooms had been attractively redecorated since the last inspection. Patients’ bedrooms were pleasantly personalised with items that were important to them, such as, family photos, ornaments, pictures, flowers and cushions. Fire exits and corridors were observed to be clear of clutter and obstruction.

Identified equipment, such as wheelchairs and hoists, required more effective cleaning. An area for improvement was identified.

Identified vanity units and some pieces of furniture were seen to be showing signs of wear and tear which could impede effective cleaning. This was discussed with the manager who said that the home’s redecoration/refurbishment action plan was under review and timescales for replacement of vanity units and furniture had been discussed but a timeframe had not yet been determined. Identified bed rail covers were also showing signs of wear and tear and needed to be replaced. An area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

Staff 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 kept.

Patients said that they were satisfied that the home was kept clean and tidy.

### 5.2.4 Quality of Life for Patients

Observations of the daily routine confirmed that staff offered patients choices throughout the day regarding, for example, whereabouts they preferred to spend their time, what they would like to eat and drink and the option to take part in activities or not.

The current activity schedules were on display in both units. Activities being provided included exercise classes, cake decorating, ‘the men’s shed’, pamper sessions, music therapy, movies, an art club and a gardening club. Patients’ spiritual needs were provided for and birthdays and holidays were celebrated.

Staff were seen to interact in positive ways with the patients; they were observed to be chatty, friendly and polite at all times.

The home was decorated for the King's Coronation and the patients were looking forward to the planned celebrations over the upcoming weekend.

During the inspection it was a pleasure to see that local school children were in the home for a visit, they were helping the patients to make coronation decorations and everyone was having a lovely time with juice and treats included.

Staff were also taking part in the national day of volunteering that was coming up as part of the Coronation celebrations and had a plan in place to spend the day developing the home's gardens to get them ready for the patients to enjoy over the summer months.

Patients and relatives' meetings were not arranged on a regular basis; it would be positive to provide patients and relatives with a formal opportunity to get together to discuss their views on the running of the home. This was discussed with the manager for information and appropriate action.

Most patients said they enjoyed the activities and knew what was happening and when. However, two patients said that they were not aware of the activities in the home. This was discussed with the activity co-ordinator who said she reminded patients about planned activities on the day and ensured that the planners were up to date and on display. The activity co-ordinator confirmed that she sought the views and opinions of patients to help with planning activities to ensure they were meaningful and enjoyable.

### **5.2.5 Management and Governance Arrangements**

There has been a change in the management of the home since the last inspection. Mrs Laura Patterson had been the acting manager in this home since 30 September 2022. Mrs Patterson had submitted an application to RQIA to be registered as the manager of the home; this application was approved with effect from 23 May 2023. The manager confirmed that she had been provided with a robust induction programme and felt well supported by senior managers who were accessible and approachable.

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 patients, care practices or the environment. Staff said they found the manager to be very approachable and they spoke positively about improvements in the home since her appointment, such as, more consistent staffing and an 'employee of the month' award.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. It was noted that some audits lacked evidence to show that required actions had been completed. This was discussed with the manager who provided details of how an overview of the completion of actions was maintained. The manager agreed it would be beneficial to develop a system to formally demonstrate that actions had been completed; progress in this area will be reviewed at the next care 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 Operations 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.

Relatives said that they knew how to report any concerns. As previously mentioned the manager was dealing with concerns raised by the relatives of an identified patient. It was positive to note that the relatives had noticed an improvement and other relatives said that concerns raised had been sorted out to their satisfaction. There was a system in place to manage complaints. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider to consult with patients, 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 patients, 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 Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	3

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>• a system is developed and implemented to monitor pressure relieving mattress settings and ensure these are correctly maintained for each individual patient</li> <li>• records of repositioning are fully completed with all required details and signed by two staff where necessary.</li> </ul> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Supervision is currently taking place with all RN staff regarding the correct completion of the Beaumont repositioning charts ensuring that these correlate with the Residents' prescribed plan of care. These charts now have a twice daily check AM and PM, to ensure that the repositioning record is signed by two staff where necessary.</p> <p>This will be part of the nursing routine each day and will be the responsibility of the nurse on duty to check going forward. To ensure this practice is embedded into practice as a robust process, the Manager/designated person will monitor the completion as part of the daily walk about and monthly auditing.</p> <p>Compliance of the recording and the governance oversight will be monitored during the Regulation 29 monthly visit.</p>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the mealtime is a positive experience for patients:</p> <ul style="list-style-type: none"> <li>• staff should be appropriately seated to assist patients with their meal</li> <li>• condiments should be offered to patients at the time of serving the meal</li> <li>• plate covers should be used when serving meals on trays</li> <li>• there should be a selection of suitable crockery available for patients.</li> </ul> <p>Ref: 5.2.2</p>

**Response by registered person detailing the actions taken:**

**Supervision is currently taking place with all Nursing and Care Assistant staff to refresh their knowledge of the overall Dining experience including being seated when a Resident is being assisted with a meal.**

**A review of suitable seating has been conducted and there is adequate seating available for staff in the dining room to ensure they are able to sit beside residents when assisting them with meals.**

**To ensure this practice is embedded into practice, compliance will be monitored via the Dining experience as part of the daily walk about and during the monthly dining audit.**

**Condiments are available in the kitchen and these will be available during meal service in the Dining Room and the tray service.**

**In addition, a count of plate covers has been completed and sufficient number of these have been confirmed to be available to ensure that plate covers are used with the tray service.**

**Supervision is currently underway with the Catering and Care Assistants to ensure that they are aware of the appropriate serving of meals.**

**The use of crockery has been discussed in the recent resident and relatives meeting highlighting the importance of ensuring that each of resident's abilities is taken into consideration when choosing the type of crockery to be used.**

**The discussion was very positive in favour of a mix of crockery between ceramic and melamine being used in-keeping with the Residents' choice and abilities.**

**One Relative gave feedback that the ceramic cups were too heavy for her Mum to hold and she thought the melamine cups were better for her Mum so this was agreed and supported with an individual care plan.**

**The Cook Manager and Manager will monitor the quality of the melamine crockery and replace as appropriate. The focus will continue to be using products that are appropriate and accessible for all Residents, to promote their independence and nutritional intake.**

**Compliance with all aspects of this area for improvement area will be monitored during the monthly Regulation 29 visit.**

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 45</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that equipment, such as wheelchairs and shower chairs, are decontaminated according to the cleaning schedules in place and also as and when required.</p> <p>Ref: 5.2.3</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Staff supervision to be completed regarding the correct completion of documentation records.</p> <p>The oversight of the decontamination actions and documentation is to be part of the nursing routine each day and will be the responsibility of the nurse on duty to check going forward. To ensure this practice is embedded into practice as a robust process, compliance will be monitored as part of the Managers daily walk about audit.</p> <p>Compliance of the recording and the governance oversight will be monitored during the Regulation 29 monthly visit.</p> <hr/> <p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>• Identified worn bed rail covers are replaced immediately and as required going forward</li> <li>• an action plan for the repair and/or replacement of vanity units in patients' bedrooms and identified furniture is developed and implemented</li> <li>• the action plan has a timeframe included and identifies who is responsible for ensuring the actions are completed.</li> </ul> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p><b>Three bed rail covers were ordered on 5th May 2023 and were replaced immediately on receipt.</b> <b>Bedrail cover integrity will be monitored as part of the bed rail audit going forward and will be replaced as soon as identified.</b></p> <p><b>A review of vanity units identified 9 vanity units that need replaced. The replacement of the vanity units is currently being costed for by the contractor for capex approval.</b></p>

	<p><b>There is an ongoing plan for refurbishment within Clandeboye which will be monitored by the Home Manager.</b></p> <p><b>The refurbishment plan was discussed at the Residents and Relative Meeting held on 16th June 2023. The redecoration has been completed in the entrance hall and staff are working towards planning for further redecoration with the aim to creating a calm and homely environment.</b></p> <p><b>A contractor's visit is planned to cost the painting of the corridors and woodwork for the capex approval process. This area will be monitored during the monthly Regulation 29 visit.</b></p>
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