Unannounced Care Inspection Report
12 November 2020

Clandeboye

Type of Service: Nursing Home (NH)
Address: 35 Cardy Close, Bangor, BT19 1AT
Tel No: 028 9127 1011
Inspector: Gillian Dowds

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for

2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 52 persons.

3.0 Service details

Organization/Registered Provider: Four Seasons Health Care **Responsible Individual:** Dr Maureen Claire Royston	**Registered Manager and date registered:** Annie Joy Kamlian – 4 June 2018
Person in charge at the time of inspection: Annie Joy Kamilian	**Number of registered places:** 52
Categories of care: Nursing Home (NH) DE – Dementia.	**Number of patients accommodated in the nursing home on the day of this inspection:** 41

4.0 Inspection summary

An unannounced inspection took place on 12 November 2020 from 10.30 to 18.00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- staffing
- the internal environment and infection prevention and control (IPC) practices
- care delivery
- care records
- governance and management.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	4

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Annie Joy Kimilian, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

We discussed the findings of the inspection further with the regional manager following the inspection and requested an action plan to provide assurances as to how the deficits are to be addressed.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with six patients, and three staff. Ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. One response was received indicating they were satisfied with the service provided in Clandeboye and comments from same were passed to the manager.

The inspector provided the registered manager with 'Tell Us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rotas from 9 to 22 November 2020
- staff training records
- staff supervision and appraisal schedule
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- registered nurse competency assessments
- COVID-19 information file
- a selection of governance audits
- monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- three patients' care records
- three supplementary care records
- RQIA registration certificate.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 20 February 2020.

There were no areas for improvement identified as a result of the last medicines inspection.

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. Staff told us that teamwork was good and that the management team was supportive and approachable.

Staff were knowledgeable about the needs of the patients in their care and obviously knew them well. Staff were seen to speak to patients kindly and with respect; there was a pleasant and friendly atmosphere in the home. Staff spoken with commented positively about working in the home; comments included:

- "I like working here."
- "It has been stressful throughout the COVID-19 pandemic, the manager is very supportive."
- "Staffing is ok at present."

We observed that staff attended to patients' needs in a caring and timely manner. Staff told us that they were currently satisfied with staffing levels in the home.

6.2.2 The internal environment and infection prevention and control (IPC) practices

We reviewed a selection of bedrooms, bathrooms, lounges, sluice rooms, store rooms, dining rooms and treatment rooms in the home. We observed that the home was clean, tidy and fresh smelling throughout. Corridors and fire exits were clear of clutter and obstruction.

We identified some equipment that required more effective cleaning for example manual handling equipment and crash mats, items that were stored inappropriately on the floor of a store room and various non–wipe able memos/signage throughout the home. These issues were not in keeping with good infection prevention and control measures. An area for improvement was made.

We identified various areas of chipped paint to door frames and hand rails. We discussed this with the manager who advised that the ongoing painting and repair was part of the current maintenance works within the home and was being addressed.

The manager told us that there was a system in place to ensure that frequently touched points were cleaned regularly over the 24 hour period in addition to the regular cleaning schedule.

There was a plentiful supply of PPE available; PPE stations were well stocked and signage providing information on PPE was placed in appropriate areas throughout the home. However, the information displayed was not the most up to date version. This information was removed immediately and replaced with the up to date guidance.

Staff told us that they had had sufficient supplies of PPE at all times.

On occasions it was observed that staff were not using the PPE in accordance with regional guidance and a few instances whereby staff were observed to not take opportunity to sanitize their hands. On a small number of occasions staff were also observed not wearing their mask correctly. We discussed this further with the manager and an area for improvement was identified.

We were informed that staff and patients were having their temperature checked daily and that; a record was maintained however a review of records evidenced that patients' temperatures were only being checked once daily. The manager confirmed that staff temperatures were checked twice daily however there were gaps evident in the recording of staff temperatures. This was discussed with the manager and action taken to address the issues prior to the conclusion of the inspection. Visiting was currently taking place and any visitors to the home also had a temperature check recorded.

6.2.3 Care delivery

Patients appeared well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff spoke to patients kindly and with respect.

We observed some patients were seated in the lounge and some patients were resting comfortably in their bedrooms.

We observed one patient who was enjoying a 1:1 activity of hand massage and was very chatty throughout. The manager explained that the patients had the opportunity for 1:1 activity or activities in smaller groups. We viewed some of the recent crafts, of crocheted poppies for remembrance day, made during these activities on display in the home.

The food on offer at lunchtime looked appetising and was well presented. Patients were offered assistance in a timely manner and staff demonstrated knowledge of their likes and dislikes. The dining experience was calm and unhurried. We spoke to the cook who advised that the menus for the home were currently under review and the new menus would be planned around the patients preferred meals.

We observed the seating arrangements in the dining room and discussed with the manager how social distancing could be better achieved. The manager agreed to review and address this.

The manager discussed the visiting procedures in the home and advised visiting was being facilitated by booking a time slot and visiting took place in designated visiting room. She advised a staff member was allocated the role of visiting champion and that they had the responsibility to complete the temperature checks and the relevant documentation.

Patients spoken with commented positively about their experience of living in Clandeboye, they told us:

- "Not bad, yes (staff) are friendly"
- "I've always liked it in here "
- "(I've) not a bad word to say about any of them."
- "Lovely."
- "The food was lovely."

6.2.4 Care records

We reviewed patients' needs in relation to wound care. One care plan was not reflective of the current dressing in use and gaps in the ongoing assessment and evaluation were identified in two records. Discussion with staff provided assurances that the wound had been appropriately redressed. An area for improvement in relation to wound care documentation was made.

We reviewed supplementary care records pertaining to food and fluid intake and repositioning of patients. The records reviewed evidenced that the care was documented in a timely manner and we could see evidence of the nurses evaluating this care in the daily care records.

We reviewed three patients' care records which evidenced that individualised care plans had been developed to reflect the assessed needs and direct the care required. However we observed two care plans in relation to skin integrity in place for one patient, different pressure relieving devices were documented on both care plans. This was discussed with the manager and she confirmed the device had been changed from one type to the other and one care plan had not been updated to reflect this. She agreed to address this.

We observed that various care plans had amendments made to them; the amendments in some cases were not dated and/or signed by the person making the amendment. This was discussed with the manager and an area for improvement was made.

One care plan reviewed for a patient who had an acute infection and required antibiotic therapy evidenced that although the care plan had been amended to reflect the current treatment the previous antibiotic therapy had not been discontinued. The oversight of the effectiveness of this treatment was not evidenced in the daily progress note reviewed. This was discussed with the manager and an area for improvement was identified.

We reviewed the records for an unwitnessed fall whereby a head injury was sustained. We observed that whilst neurological observations had been obtained they had not been completed in line with best practice guidance. An area for improvement was identified.

Nutrition care plan reviewed for two patients showed us that relevant referrals to the multi-disciplinary team were made such as the speech and language therapist (SALT) and the dietician. The care plans viewed were reflective of any recommendations made.

6.2.5 Governance and management arrangements

The manager told us that she felt well supported in her role and that good working relationships were maintained in the home**.**

Review of records evidenced that there were systems in place to manage complaints.

We reviewed the system in place to ensure that RQIA were appropriately notified of accidents/incidents that occurred in the home. We identified two events that had not been reported to RQIA. These notifications were requested to be submitted retrospectively and an area for improvement was identified.

We reviewed a sample of governance audits, including those focused on infection prevention and control, and hand hygiene. Audits were in place to monitor the quality of the service provided. Where deficits were identified an action plan was developed to ensure improvements made; this is good practice.

The manager told us that staff compliance with mandatory training was monitored and staff were reminded when training was due. There was a system in place to monitor that staff were registered with the NMC or NISCC as required.

A record of written compliments and thank you cards was maintained and staff were made aware of these; comments included:

- "We are so grateful for the work you have done."
- "Thank you from the bottom of our hearts for all your care."
- "Thank you for all the care you have provided."

Areas of good practice

Areas of good practice were identified regarding the teamwork within the home and staff knowledge of their patients. Further areas of good practice were identified in to the consultation with other health care professionals, the ongoing activities and crafts on display in the home.

Areas for improvement

Areas for improvement were identified in relation to IPC, care records, the management of unwitnessed falls and submissions of notifications to RQIA

	Regulations	Standards
Total number of areas for improvement	3	4

6.3 Conclusion

Patients in the home looked well cared for, content and settled. Staff were seen to be kind and attentive to patients. The atmosphere in the home was calm and welcoming.

Following the inspection an action plan was requested to be submitted to RQIA by the senior management of the home to provide assurances as to how the deficits were to be addressed. This shall be followed up at a future inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Annie Joy Kimilian, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** Immediately and ongoing	The registered person shall ensure the infection prevention and control issues are addressed. This is made in specific reference but not limited to: • cleaning of the manual handling equipment • effective cleaning of the crash mats • removal of items from the floor of the store to allow effective cleaning • removal of non-wipe able signage in the home. Ref: 6.2.2
	Response by registered person detailing the actions taken: Infection control and prevention issues identified during the inspection have either been addressed or are currently being addressed. Supervision has been carried out with staff in relation to keeping manual handling equipment and crash mats effectively clean. A shelving unit with wheels is being built to store items off the floor and to allow regular cleaning in the identified store room. All non wipeable signage in the Home has been removed. Spot checks will be carried out by Home Manager and monitored through Reg 29 visit carried out by Regional Manager.
Area for improvement 2 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** Immediately and ongoing	The registered person shall ensure that neurological observations are recorded consistently in accordance with best practice following unwitnessed falls, where a head injury is suspected or evident. Ref: 6.2.5
	Response by registered person detailing the actions taken: Supervision has been carried out with RN's with regards to the completion of falls management, documentation and accountability. The completion of falls documenation will be spot checked and monitored by the Home Manager and Regional Manager.

Area for improvement 3 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** Immediately and ongoing	The registered person shall ensure that all notifiable events are reported to RQIA in a timely manner. Ref: 6.2.5
	Response by registered person detailing the actions taken: Supervision has been carried out by the Regional Manager with the Home Manager with completion of notifiable events. Compliance will be monitored through Reg 29 visits.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 46 **Stated:** First time **To be completed by:** Immediately and ongoing	The registered person shall ensure IPC training including the use of PPE is delivered to staff and embedded into practice. Ref: 6.2.2
	Response by registered person detailing the actions taken: Infection management and control supervision has been carried out with staff. Spot checks to be carried out regularly by the Home Manager and Nurses to ensure compliance of all staff.
Area for improvement 2 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 30 January 2021	The registered person shall ensure that up to date wound care records are maintained. The care plan must be reflective of the required dressing. The ongoing wound assessment and evaluation must be recorded at each time of the dressing change. Ref:6.2.5
	Response by registered person detailing the actions taken: Supervision has been held with all RN's in relation to completion of wound care documentation with emphaisis on ensuring that care plans evidence up to date dressing regime and frequency of change, as well as completion of care plan evaluations.
Area for improvement 3 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 30 January 2021	The registered person shall ensure any amendments or additions to a patients care plan are dated and signed in accordance with NMC guidelines. Ref: 6.2.5
	Response by registered person detailing the actions taken: Supervision was carried out with RN's in relation to amending documentation ensuring that they date and sign any changes in accordance with NMC guidelines.

Area for improvement 4 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 30 January 2021	The registered person shall ensure for a patient who requires treatment for an acute infection: • the care plan in place reflects the current prescribed treatment • oversight of the delivery of this care is clearly documented in the daily care records. Ref: 6.4.5
	Response by registered person detailing the actions taken: Supervisions were held with with RN's in relation to the formulation of care plans to ensure that they reflect current treatment with any previous treatments discontinued on the plan of care. Also reminded to record the effectiveness of treatment on the daily progress notes.

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

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