The Regulation and Quality Improvement Authority

Inspection Report

17 June 2021

Clandeboye

Type of service: Nursing Home
Address: 35 Cardy Close, Bangor, BT19 1AT
Telephone number: 028 9172 1011

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: Four Seasons Health Care Responsible Individual: Mrs Natasha Southall	Registered Manager: Ms Annie Joy Kamlian Date registered: 4 June 2018
Person in charge at the time of inspection: Ms Annie Joy Kamlian	**Number of registered places:** 52 The home is approved to provide care on a day basis to 1 person.
Categories of care: Nursing Home (NH) DE – Dementia	**Number of patients accommodated in the nursing home on the day of this inspection:** 45
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 52 patients. The home is divided in two units; the Stewart Suite and the Dufferin Suite. Patients' bedrooms, communal lounges and dining rooms are all located on one floor and patients have access to an enclosed garden area.	

2.0 Inspection summary

An unannounced inspection took place on 17 June 2021 from 9.20 am to 6.15 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 said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, relatives and staff are included in the main body of this report.

Based on the findings of the inspection RQIA were assured that the delivery of care and service provided in the home was safe and compassionate. Areas for improvement were identified which will further enhance the effectiveness of care and management systems of the home.

The findings of this report will provide the manager 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 patients, their relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

Questionnaires and 'Tell Us' cards 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.

At the end of the inspection the Registered Manager was provided with details of the findings.

4.0 What people told us about the service

We spoke with 18 patients, both individually and in small groups, one patient's relative and 12 staff. Patients said that there were enough staff to help them and they felt well looked after. The relative told us that they had "no concerns or issues, it's all very good". Staff said that staffing levels were generally satisfactory and that they felt supported. We received five completed questionnaires following the inspection; the relatives who responded indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led.

5.0 The inspection

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

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 12 November 2020</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 13 (7)

Stated: First time</td><td>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.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
The manager confirmed that cleaning schedules were in place. Review of the environment evidenced that manual handling equipment and crash mats were in clean condition, signage in place was wipeable and the identified store was clean and tidy.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Regulation 13 (1) (a) (b)

Stated: First time</td><td>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.</td><td rowspan="2">Not met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Review of care records evidenced that neurological observations were not consistently recorded in accordance with best practice guidelines.</td></tr>
<tr><td>Area for improvement 3

Ref: Regulation 30</td><td>The registered person shall ensure that all notifiable events are reported to RQIA in a timely manner.</td><td></td></tr>
</table>

Stated: First time	**Action taken as confirmed during the inspection**: Review of accidents/incidents records evidenced that RQIA had not been appropriately notified of all notifiable events in a timely manner.	**Not met**
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 46 **Stated:** First time	The registered person shall ensure IPC training including the use of PPE is delivered to staff and embedded into practice. **Action taken as confirmed during the inspection**: Observation of staff use of Personal Protective Equipment and hand hygiene evidenced that training in this area had not been embedded into practice.	**Not met**
Area for improvement 2 **Ref**: Standard 4 **Stated:** First time	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. **Action taken as confirmed during the inspection**: Review of care records evidenced that there were no gaps in recording the time of the dressing change. However, there were deficits in care planning and evaluation of wound care.	**Partially met**
Area for improvement 3 **Ref**: Standard 4 **Stated:** First time	The registered person shall ensure any amendments or additions to a patients care plan are dated and signed in accordance with NMC guidelines. **Action taken as confirmed during the inspection**: Review of care records evidenced that where care plans had been amended these had been signed and dated accordingly.	**Met**
Area for improvement 4 **Ref**: Standard 4 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Review of the care records for two patients who had recently received treatment for an acute infection evidenced that there were care plans in place to reflect the prescribed treatment and the relevant delivery of care was recorded in the daily care record.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff were recruited correctly to protect patients as far as possible. All staff were provided with an induction programme to prepare them for working with patients in the home.

The manager told us that staffing levels were regularly reviewed to ensure that the needs of patients were met. The staff duty rota accurately reflected all of the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty.

Staff said that they were generally satisfied with staffing levels; they said they felt that they "managed" but could "be stretched at times". Staff also said that they appreciated that efforts were made to cover short notice leave. The majority of staff said that they felt well supported in their role by the manager who was approachable and that teamwork was good. Comments made by staff were brought to the attention of the manager for information and action if required.

There were systems in place to ensure staff were trained and supported to do their job. Staff received mandatary training in a range of subjects including basic life support, dementia care, infection prevention and control (IPC), falls prevention and moving and handling.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way and patients said that they were satisfied that there were enough staff to help them.

There were suitable systems in place to ensure staff were recruited properly and also to ensure that patients' needs were met by the number and skill mix of the staff on duty.

5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

The manager was identified as the appointed adult safeguarding champion for the home with responsibility for implementing the regional protocol and the home's safeguarding policy.

Review of staff training records confirmed that all staff were required to complete mandatory adult safeguarding training. Staff consulted with demonstrated their knowledge of identifying and reporting concerns about patients' safety and poor practice.

Some patients in the home were required to use equipment, for example, bed rails and alarm mats, that can be considered to be restrictive. Review of patient records and discussion with staff confirmed that the correct procedures were followed if restrictive equipment was required. Staff confirmed they had attended training in this area, however, not all staff could effectively demonstrate their knowledge of how to ensure that best interest decisions were made safely for all patients but particularly those who were unable to make their own decisions. This was brought to the attention of the manager for information and action.

Staff were observed to maintain a discreet presence and to be promptly attentive to patients' needs especially for those patients who had difficulty in making their wishes known. It was observed that staff took time to ask patients if they needed anything and how they were. Staff knew all the patients by name and were seen to effectively communicate with them. Staff also recognised non-verbal cues from patients who were less well able to communicate verbally. Staff were seen to be respectful, patient and kind.

There were systems in place to ensure that patients were safely looked after in the home and to ensure that staff were adequately trained for their role in keeping patients safe.

5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?

Examination of the home's environment included reviewing a selection of bedrooms, a treatment room, storage areas, sluice rooms, dining rooms, lounges and bathrooms. The manager said that all the required safety checks and measures were in place and regularly monitored and that a redecoration/repair plan was in place. The environment was clean, tidy and well maintained. Fire exits and corridors were clear of clutter and obstruction.

Communal areas were well decorated, suitably furnished, clean and tidy. Patients' artworks were on display in the lounges which also contained items such as games, books, DVD's and CD's for patients to enjoy. Bedrooms were attractively furnished and contained patients' personal items such as family photos, ornaments, pictures, house plants and cushions. TV's were on or music was playing, as patients preferred, throughout the home. Patients said that the home was kept clean and tidy.

There were suitable systems in place to ensure that patients were comfortable and safe in the home.

5.2.4 How does this service manage the risk of infection?

The manager told us that systems and processes were in place to manage the risk of infection in the home. The home participated in the regional COVID-19 testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors had a temperature check and completed a health declaration when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Review of records and discussion with the manager confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. However, observation of staffs' use of PPE and hand hygiene evidenced that this training had not been embedded into practice. This area for improvement was not met and will be stated for the second time. The manager said that staff would be instructed to update their training in these areas.

Staff use of PPE and hand hygiene was regularly monitored by the management team and records were kept. However, it was observed that when deficits in the use of PPE and hand hygiene had been identified the action taken at the time or the action required to resolve the issues in order to drive improvement in this area had not been recorded. An area for improvement was identified.

There were systems in place to manage the risk of infection in the home. However, training for staff in the use of PPE and hand hygiene had not been embedded into practice and the systems in place to monitor staffs' use of PPE and hand hygiene needed to be improved.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.

Staff confirmed that they had a handover at the beginning of each shift to discuss any changes in the needs of the patients. It was observed that staff respected patients' privacy and dignity; they offered assistance and personal care in a discreet and thoughtful manner.

Patients who required assistance to change their position had this recorded in their care records. Repositioning records reviewed were well maintained and included a record of skin condition checks when these were completed. It was evident that staff assisted patients who were less able to mobilise to change their position regularly.

Patients who had a wound also had this recorded in their care records. Contemporaneous recording ofwound care was maintained on the wound care charts. There was evidence that nursing staff had consulted with the Tissue Viability Specialist Nurse (TVN) or Podiatrist if appropriate and were following any recommendations they had made. However, whilst changes to a recommended dressing had been recorded in the care plan evaluation, care plans and wound charts reviewed had not been updated to also reflect the change. This area for improvement was partially met and will be stated for the second time.

Where a patient was at risk of falling, measures to reduce this risk were put in place, for example, call bells were accessible and/or floor alarm mats were in use if recommended. In the event of a fall there was evidence that staff sought medical attention for patients if required. Review of care records and discussion with staff evidenced that neurological observations were not consistently recorded for 24 hours following a confirmed or suspected head injury. This area for improvement was not met and will be stated for the second time. Review of care records also evidenced that falls risks assessments and care plans were not always consistently updated in the event of a fall. An area for improvement was identified.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients' care records reflected the recommendations of the Dietician and/or Speech and Language Therapist (SALT) if required to ensure that patients received the correct diet. 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.

At lunchtime it was observed that there was choice of meals and drinks offered to patients. The food was attractively presented and smelled appetising. Staff were seen to be helpful and attentive to those patients who required assistance with their eating and drinking needs. Patients who could eat independently were offered discreet encouragement. The mealtime was a pleasant and unhurried experience for the patients. Patients said that they enjoyed their meals and that there was a good variety of food on offer. Patients also said that their particular dietary requirements and preferences, for example, for a lactose free diet and preferred brand of tea, were well catered for.

There were suitable systems in place to ensure that patients' received the right care at the right time. The effectiveness of patient care will be further improved through compliance to those areas for improvement identified.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

Patients' care records were held confidentially. Care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Care records reviewed evidenced that a regular monthly evaluation was undertaken however, as discussed in Section 5.2.5, care records relating to wound care and falls also required to be reviewed and evaluated when changes occurred.

Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate. Review of care plans evidenced that these were detailed and contained specific information on each patients' care needs. Patients' individual likes and preferences were reflected throughout the records, for example, their preferred bedtime routine and food likes/dislikes.

Informative daily records were kept of the care and support provided by staff. The outcome of visits from any healthcare professional was recorded. Where amendments had been made to care plans these were signed and dated. Care plans relating to the management of an acute infection included the prescribed treatment and an evaluation of this. Care records included details of communication with the GP, other healthcare professionals and relatives.

There were systems in place to ensure care records reflect the changing care needs of patients.

5.2.7 How does the service support patients to have meaning and purpose to their day?

Discussion with patients confirmed that they were able to choose how they spent their day, for example, some of the patients said that they always watched This Morning in the lounge and that staff made sure the TV was on for them. Patients said that there was enough to do and that staff were helpful and "very good to us". Another patient said that they got their preferred newspapers and magazines every day.

The home's Patient Activity Lead (PAL) had developed an activity schedule which included arts and crafts, painting and potting plants. The manager said that the schedule was developed with input from the patients about the things they would like to do and took into account that the patients generally needed a lot of prompting and assistance with activities.

The manager said that all staff recognised the importance of maintaining good communication with relatives, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls to their relatives. A visiting schedule was in operation and visiting and care partner arrangements were in place in accordance with the latest visiting guidance.

It was observed that staff offered patients choices throughout the day with regard to such matters as whereabouts they wanted to sit, what food they would like, if they wanted to watch TV or listen to music and if they wanted company or preferred to be in their own room. Patients were seen to be comfortable in the home and relaxed in the company of the staff. A patient commented that "the staff are absolutely great, very helpful, I just have to ask".

Patients' relatives said that communication seemed to be good and that "lovely care" was provided by staff in the home.

There were suitable systems in place to allow patients the opportunity to make their views and opinions known and to enjoy communication and visits with their families.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

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. There has been no change in the management of the home since the last inspection.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. As previously discussed in Section 5.2.4 audits completed regarding use of PPE and hand hygiene required improvement.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and records were maintained of any complaints received and the actions taken to resolve these. The manager told us that the outcome of complaints was shared with staff as an opportunity to learn and improve.

A record of compliments received about the home was kept and shared with the staff team. Relatives' comments included compliments to the staff on the "loving care and attention" provided and thanks for all they did.

Review of accidents and incidents records evidenced that RQIA had not been appropriately notified of all notifiable events in a timely manner. This area for improvement will be stated for the second time.

The home was visited each month by a representative of the registered provider 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 relatives, the Trust and RQIA.

The reports included consultation with patients and staff; however, there was no evidence of recent consultation with relatives. This was discussed with the manager; they explained that the lack of consultation was due to the visiting restrictions which had been in place and assured us that going forward relatives views would be sought by a suitable means and will be included in future reports.

There were systems were in place to monitor the quality of care and services provided and to drive improvement in the home. These systems will be further improved through compliance to the area for improvement identified.

6.0 Conclusion

Patients in the home looked well cared for and were seen to be comfortable and content in their surroundings. Staff were helpful and friendly and treated the patients with kindness and compassion. The home was clean, tidy and well maintained.

Based on the findings of the inspection RQIA were assured that the delivery of care and service provided in the home was safe and compassionate. Areas for improvement were identified which will further enhance the effectiveness of care and management systems of the home.

Thank you to the patients, relatives and staff for their assistance and input during the inspection and also to those who returned completed questionnaires following the inspection.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were 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
Total number of Areas for Improvement	2*	4*

*The total number of areas for improvement includes two under the regulations which have been stated for a second time and two under the standards which have also been stated for a second time. Two new areas for improvement were identified in relation to audits of PPE and hand hygiene and ensuring care records are updated in the event of a fall.

Areas for improvement and details of the Quality Improvement Plan were discussed with Annie Joy Kamlian, Registered 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (1) (a) (b) **Stated:** Second time **To be completed by:** With immediate effect	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: 5.1 & 5.2.5
	Response by registered person detailing the actions taken: A supervision was carried out to all trained staff on Falls Management and post falls protocols. Home Manager to monitor and ensure compliance of documentations post fall with post falls audit to validate. This will be monitored through the Reg 29 Report.
Area for improvement 2 **Ref:** Regulation 30 **Stated:** Second time **To be completed by:** With immediate effect	The registered person shall ensure that all notifiable events are reported to RQIA in a timely manner. Ref: 5.1 & 5.2.8
	Response by registered person detailing the actions taken: In learning from the incident raised on the day of the Inspection, the Home Manager will complete a notification on receipt of any information from an external organization which receives a whistleblowing disclosure in respect of Clandeboye Care Home.

<table>
<tr><th colspan="2">Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 46

Stated: Second time

To be completed by:
With immediate effect</td><td>The registered person shall ensure IPC training including the use of PPE is delivered to staff and embedded into practice.

Ref: 5.1 & 5.2.4</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Supervisions are done to all staff with the use of PPE's.
Supervision will be conducted with an RN staff completing the PPE Audit.
The PPE Audit scores will determine if weekly auditing is sufficient. If scores are below 90% then the frequency of the audit will be increased.
The Regional Support Manager will conduct a quailty assurance audit to ensure compliance.
This will be monitored through the Reg 29 Report.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 4

Stated: Second time

To be completed by:
17 August 2021</td><td>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: 5.1 & 5.2.5</td></tr>
<tr><td>Response by registered person detailing the actions taken:
A Supervision was carried out with all trained staff on wound management and documentations as per policy .
Face to face training was scheduled by the SEHSCT Clinical Nurse Facilitator but was cancelled due to increasing Covid cases within the Trust area and is to be re-scheduled with dates to be confirmed.
Wound audits continued to be carried out by HM to validate documentations are in place.
This will be monitored through the Reg 29 Report by the completion of the Wound care TRACA..</td></tr>
</table>

Area for improvement 3 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 17 July 2021	The registered person shall ensure that audits completed to monitor staffs' use of PPE and hand hygiene include a record of immediate actions taken when deficits are identified and also an action plan to address deficits where required. Ref: 5.2.4
	Response by registered person detailing the actions taken: A supervision was carried out with Infection Control Champion to ensure required actions to address deficits are recorded and feedback given to all staff to improve. Home Manager to monitor. Where deficits are identifed the frequency of the audits will be increased.
Area for improvement 4 **Ref:** Standard 22 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that the falls risk assessment and care plan are reviewed in response to any changes in the patients' condition which would include in the event of a fall. Ref: 5.2.5
	Response by registered person detailing the actions taken: A supervision was carried out with all trained staff on Falls Management, post falls protocols. Home Manager to monitor and ensure compliance of documentations post fall with post falls audit to validate.

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