



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 24 and 25 June 2019



Clandeboye

Type of Service: Nursing Home

Address: 35 Cardy Close, Bangor BT19 1AT

Tel no: 028 9127 1011

Inspectors: Lyn Buckley and Joseph McRandle

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 registered nursing home which provides care for up to 52 patients. The home consists of two units; Stewart Suite which has 33 beds and Dufferin Suite which has 19 beds.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Annie Joy Kamlian 4 June 2018
Person in charge at the time of inspection: Annie Joy Kamlian – registered manager	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: 47

4.0 Inspection summary

An unannounced inspection took place on 24 June 2019 from 10:00 to 14:40 hours; and on 25 June 2019 from 10:45 to 13:45 hours. This inspection was undertaken by care and finance inspectors.

The inspection assessed progress with areas for improvement identified in the home last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. Areas for improvement in respect of the last finance inspection have also been reviewed and validated as required.

Examples of good practice was evidenced in relation to the management of patients monies and valuables and general financial arrangements, delivery of care particularly during the serving of the lunchtime meal, record keeping; and the staff knowledge of patients' care needs, wishes and preferences.

No areas requiring improvement were identified.

Family members visiting during this inspection described the care their loved ones received in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, people who visit them, professionals and staff during and after the inspection, are included in the main body of this report.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Anne Joy Kamlian, manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 21 February 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 21 February 2019. This inspection resulted in no areas for improvement being identified.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 17 to 30 June 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file

- three patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider from 1 January 2019
- RQIA registration certificate
- three patients' finance files including copies of written agreements
- a sample of records of monies and valuables held on behalf of patients
- a sample of financial records including personal allowance monies and fees, payments to the hairdresser and podiatrist, purchases undertaken on behalf of patients and bank account statements
- a sample of records of monies deposited on behalf of patients and of patient's property.

Areas for improvement identified at the last inspection were reviewed and an assessment of compliance was recorded as met, partially met, or not met.

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 outstanding areas for improvement from previous inspection(s)

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

Areas of improvement identified at the last finance inspection have been reviewed. Of the total number of areas for improvement all were assessed as met.

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

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned staffing levels and that these levels could be altered to ensure the needs of patients were met. Discussion with staff also confirmed this. We reviewed the staff duty rota from 17 to 30 June 2019 which confirmed that the planned staffing levels were achieved. We also saw that administrative, catering and housekeeping staff were on duty every day to support the delivery of care.

Staff spoken with said that they had time to care for patients and that they received regular training to ensure they had the skills to provide care and to help keep patients safe. Review of staff training records confirmed this.

Patients able to express their opinions said that they were well cared for and that staff were kind. Patients unable to express their view were found to be well groomed, relaxed and comfortable.

Family members spoken with confirmed that staffing levels met the needs of their loved ones and that the staff were knowledgeable of their loved one's needs and wishes, caring kind and respectful.

As part of the inspection we also asked patients, family members and staff to provide us with their comments on staffing levels via questionnaires. We received two responses from family members. The family members indicated that they were satisfied that there was enough staff to help keep their loved one safe and that they could talk to staff if they had a concern.

We saw that patients' needs and requests for assistance were met in a timely and caring manner. Staff were seen to provide support to patients during the serving of the mid-morning snack and lunchtime meal. Staff were aware of how to support a patient who required their food or fluids to be modified to reduce the risk of choking.

The home's environment was clean, tidy, and comfortably warm throughout. We also saw that fire safety measures and infection prevention and control (IPC) measures were in place to ensure patients, staff and visitors to the home were safe. Housekeeping staff were commended for their efforts in maintaining the home's cleanliness and environment.

We reviewed one staff recruitment record to confirm that staff were recruited safely. A system was in place to ensure staff were competent and capable to do their job and this was kept under regular review. A system was also in place to ensure nursing and care staff were registered with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff confirmed that they had received mandatory training and were aware of their role in protecting patients, how to report concerns about patient or staff practice, fire safety and IPC.

We reviewed three patients' care records which evidenced that relevant risk assessments were completed when each patient was admitted to the home and that care plans had been developed to manage the identified care needs or risks. Risk assessments and care plans had been reviewed at least every month and reflected the nursing care needs of the patients we reviewed. Records also evidenced that nursing staff correctly managed the risk of a patient falling and the care of a patient when they had a fall.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We spoke with three family members regarding the delivery of care. All three were complimentary regarding the care of their loved one and the staff attitude towards them their loved one and other patients. One said they trusted the staff to do the right thing. All said that they were kept informed of any changes in their loved one's care and if they had a concern they would talk to the nurse in charge or the manager.

Patients unable to express their opinion and views were relaxed confirmed that they received the good care and that staff were supportive. Those who were unable to comment looked well groomed, comfortable and relaxed in their surroundings and in their interactions with staff.

Staff spoken with were aware of how to respond to patients' nursing care needs, for example, what to do when a patient had an episode of anxiety or a distressed reaction, refused a meal, had a fall and how to relieve pressure on the skin for those patients who were at risk of developing a pressure ulcer. Staff were also aware of the national changes to modified food and fluid descriptors and had attended update training.

We observed the serving of the lunchtime meal in Stewart Suite. The mealtime experience was relaxed and staff were assisting patients appropriately and responding to requests for assistance or to change the meal choice. Patients said that they enjoyed their meal and that they had the choice of where to eat. We saw that the majority of patients ate their lunch in the dining room. Other patients choose to eat in their bedroom or in one of the lounge areas or in the smaller dining area adjacent to one of the lounges.

Staff were aware of the national changes to modified food and fluid descriptors. Catering staff confirmed that they had received training in relation to the new modified diet descriptors and records reviewed confirmed that the changes had been made to checklists and diet sheets. We were satisfied that patients received the correct food and fluid consistency prescribed for them.

Staff confirmed that they received regular training to ensure they knew how to provide the right care. We confirmed from records that mandatory training was planned and monitored for all staff and that other training was provided to ensure the needs of patients were met. Staff attendance at training sessions was monitored by the manager on a monthly basis.

Staff also confirmed that there was good and effective teamwork; each staff member knew their role, function and responsibilities. Staff told us that if they had any concerns about patients' care or a colleague's practice, they could raise these with the manager or with the nurse in charge. It was evident that staff knew their role and responsibilities, and how to provide the right care at the right time.

It is important that where choice and control are restricted due to a patient's understanding; that these restrictions are carried out sensitively and in line with good practice. This is so that patients feel respected, included and involved in their care. When we spoke with staff they had a good knowledge of patients' abilities, their level of decision making or understanding and their specific care needs. Patients' care records confirmed the delivery of care in line with good practice, the care planning and decision making process, who was involved in this process and the evaluation of the delivery of care on a daily basis. In addition the manager monitored any restriction on a patient's choice or control on at least a monthly basis.

We received two questionnaire responses from family members. The family members indicated that they were very satisfied that their loved ones received the right care at the right time, that staff were aware of their loved ones care needs and that the care delivered met their expectations.

During the inspection we had the opportunity to speak with a visiting healthcare professional. This person regularly visited the home to review specific care needs of patients and to provide clinical recommendations regarding their care needs. This person said that nursing staff and the management team were responsive and listened to their advice and implemented the recommendations made.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

When we arrived in the home patients were enjoying their morning tea/coffee or breakfast in one of the lounges, dining areas or in their own room. Staff were providing support to patients as they needed it. It was clear from what we saw that the interactions between staff and patients were relaxed, comfortable and appropriate.

Patients unable to communicate their opinions and views were seen to be relaxed and comfortable in their interactions with staff and with other patients. Patients were also well dressed in clean clothing that matched and attention had been paid to personal grooming such as finger nails and or jewellery.

Patients told us that they were receiving good care from friendly, caring, respectful staff. A variety of activities were organised for each day by the home’s activity leader. These organised activities were displayed in the foyer of each unit.

We also reviewed compliments/cards received by the home. Comments recorded included the following:

- “May we take this opportunity to express our sincerest thanks for all the care... received. In her final days the staff showed her much love and care.”
- “Thank you for all you help settling ... into Clandeboye...”
- “Thank you from the bottom of our hearts for all your brilliant care and attention to...”

We spoke with three family members visiting their loved ones during the inspection. All three were complimentary regarding the care received by their loved one, staff attitude and that they were kept informed of any changes in their loved ones care.

We also provided questionnaires for patients and family members; two responses were received from patients and their families. Both indicated that they were very satisfied that staff treated their loved ones with kindness and that their privacy and dignity was maintained. One comment was recorded as follows:

“...staff have been very helpful in helping ... to settle in and answering all my questions. I am very impressed so far.”

Any comments from patients and/or their family members received after the return date will be shared with the manager for their information and action, as required.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Since the last care inspection in November 2018 there has been no changes to the management arrangements for the home.

We reviewed a sample of governance records to assure us that robust systems were in place to regularly review the quality of the nursing care and other services provided to patients. Audits were undertaken regularly and any deficits identified were addressed in a timely manner and there was evidence of the manager’s evaluation of information from the audits. For example, we saw that the manager analysed the incidence of falls occurring in the home on a monthly basis. This review or analysis enabled the manager to identify any patterns or trends which could be addressed to reduce the number of falls.

The responsible individuals’ monthly quality monitoring reports from 1 January 2019 were available in the home and any areas for action identified were followed up during the next visit to ensure that had been addressed.

We also invited staff to provide comments via an online questionnaire. None were received.

As stated previously we received two questionnaire responses from family members. The family members indicated that they were satisfied or very satisfied that they knew who was in charge of the home at any time, that the home was well managed, that their views were sought about the care of their loved one, the quality of the home and they knew how to make a complaint.

Management of service users monies

A review of a sample of patients' records was taken to validate compliance with the areas for improvement identified from the last finance inspection, these included copies of patients' written agreements, records of purchases undertaken on behalf of patients, records of patients' items held in the safe place, records of patients' personal property and records of payments to the podiatrist.

Financial systems in place at the home, including controls surrounding the management of patients' finances, were reviewed and were found to be satisfactory. No new areas for improvement were identified as part of the finance inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

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