

Inspection Report

28 April 2022



Clandeboye

Type of service: Nursing Home
Address: 35 Cardy Close,
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Mrs Natasha Southall	Registered Manager: Mr Paul Williamson – Registration pending
Person in charge at the time of inspection: Mr Paul Williamson	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: 43
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 separate units. Patients' bedrooms, communal lounges and dining rooms are located over one floor. Patients have access to an internal courtyard garden area from both units.	

2.0 Inspection summary

An unannounced inspection took place on 28 April 2022 from 9.20 am to 7.10 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 they felt well looked after. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff said that they enjoy working in the home and feel well supported by the manager.

Areas requiring improvement were identified regarding wound care recording and ensuring items are appropriately stored and/or disposed of. Addressing the areas for improvement will further enhance the quality of care and services in 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 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 manager at the conclusion of the inspection.

4.0 What people told us about the service

Those patients who were able to share their thoughts on how they found life in the home said that they felt well looked after and that the staff were kind and helpful. One patient said "I love it here". Other patients commented that "any issues have been trivial", "no concerns" and "they are dead on here".

Staff said that, although staffing levels have been affected by the COVID-19 pandemic, teamwork is good and the manager is very supportive. Staff said that they enjoy working in the home and feel they have the skills and training they need to carry out their roles effectively. Comments made by staff included that "most of us have been here a long time, I enjoy it", "teamwork has really improved", "Paul (the manager) is very approachable", "staffing has been an issue, agency is used, not ideal but better than being short" and "teamwork is good, we work well together".

A relative said that he was very pleased with the care provided, communication was great and although he had no concerns he would know who to talk to if necessary. The relative said that "... has improved 100 per cent since they came in here, that is due to the staff, they are great".

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

Following the inspection one completed questionnaire was returned by a relative who indicated that they were very satisfied with all aspects of care provided in the home.

Comments made by patients, staff and relatives were shared with the manager for information and action if required.

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 17 June 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Review of care records evidenced that neurological observations were consistently recorded in the event of a confirmed or suspected head injury.	
Area for improvement 2 Ref: Regulation 3 Stated: Second time	The registered person shall ensure that all notifiable events are reported to RQIA in a timely manner.	Met
	Action taken as confirmed during the inspection: Review of the records of accidents and incidents evidenced that RQIA is appropriately notified in a timely manner.	
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: Second time	The registered person shall ensure IPC training including the use of PPE is delivered to staff and embedded into practice.	Met
	Action taken as confirmed during the inspection: Observations of IPC measures and staffs' use of PPE evidenced that training provided had been embedded into practice.	
Area for improvement 2 Ref: Standard 4 Stated: Second 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.	Met
	Action taken as confirmed during the inspection: Review of wound care records evidenced that these were well maintained and up to date.	
Area for improvement 3 Ref: Standard 35 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: PPE and hand hygiene audits were regularly completed. The manager confirmed that where deficits were identified the frequency of audits was increased to address these.	
Area for improvement 4 Ref: Standard 22 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of care records evidenced that the falls risk assessment and care plan were reviewed in the event of a fall.	

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.

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 said that patient dependencies are reviewed on at least a monthly basis to determine required staffing levels and that bank or agency staff were used as necessary to ensure that shifts were covered. The staff duty rota accurately reflected the staff working in the home on a daily basis but did not readily identify the person in charge when the manager was not on duty. This was brought to the attention of the manager for immediate action.

Staff told us that although staffing had been affected on occasions by short notice sick leave there was enough staff on duty to meet the needs of the patients and bank or agency staff were used if necessary. The manager said that staff absences were managed in accordance with the relevant policies and procedures and every effort was made to ensure shifts were covered. Staff confirmed that efforts were made to cover absences such as short notice sick leave. It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way.

There were systems in place to ensure staff were trained and supported to do their job. Staff received mandatory on-line training in a range of topics relevant to their role including falls awareness, dementia awareness and infection prevention and control (IPC) training. Practical training was provided for topics such as fire awareness and moving and handling. Staff said that they were reminded when mandatory training was due and had sufficient time to complete this.

Patients said that they felt well looked after. Patients who were less able to communicate looked content and settled.

Staff said that teamwork was good and that they felt well supported in their role.

A relative spoken with said they had no concerns about staffing arrangements in the home.

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 were seen to treat the patients with respect and understanding. 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 demonstrated their knowledge of individual patients' needs, preferred daily routines, likes and dislikes.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position regularly. Care plans reflected the patients' needs regarding, for example, pressure relieving

mattresses and recommended frequency of repositioning. Repositioning records reviewed were reflective of the frequency recommended in patients' care plans.

Where a patient was at risk of falling measures to reduce this risk were put in place, for example, equipment such as bed rails and alarm mats were in use where required. Those patients who were at risk from falls had relevant care plans in place. Review of records evidenced that neurological observations were completed when required and relevant care plans and risk assessments were updated in the event of a fall.

Some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails and alarm mats. It was established that systems were in place to manage this aspect of care.

Care plans for wound care evidenced consultation with the Tissue Viability Nurse (TVN) and reflected the recommendations made by the TVN. Wound care records reviewed evidenced gaps in recording on occasions. Discussion with staff provided assurances that wounds were redressed as directed in care plans but that agency nurses did not consistently update the records as required. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Staff were seen to assist patients with the range of support they required during the meal time, this ranged from simple encouragement through to full assistance.

The dining experience was seen to be calm, relaxed and unhurried. The food was attractively presented, smelled appetising and was served in appropriate portion sizes. Staff were seen to take time to encourage a patient, who said they did not want lunch, to have an alternative meal. The cook was consulted to see what else was available and lots of different options were offered. The patient declined all options offered at the time but did let staff know as soon as she was ready for something to eat later in the day.

There was no menu on display, however, staff were seen to tell patients what was on the menu and offer them a choice of meal at the time of serving. The need to display menus was discussed with the manager who explained that the dining rooms had recently been redecorated and wall mounted screens have been ordered for displaying menus and other useful information for patients but these have not been delivered as yet. The manager said that he will ensure menus are displayed in an alternative suitable format in the interim.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet. Review of care records evidenced that these were reflective of the recommendations of the Speech and Language Therapist (SALT) and/or the dietician.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. The manager said that staff ensured referrals were made in a timely manner to the dietician if weight loss was observed. Review of care records evidenced pro-active management of identified weight loss. The manager had recently introduced an increased variety of milky drinks, smoothies and fruit juices on the drinks and snack trolleys as options for patients. The monthly weights' audit included evidence of referral to the dietician if required. Records were kept of what patients had to eat and drink daily.

Patients said they enjoyed the food. One patient said that they were vegetarian and very well catered for.

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 included any advice or recommendations made by other healthcare professionals. There was evidence of consultation with patients and their relatives, if this was appropriate, in planning care. Patients care records were held confidentially.

Care records were well maintained and regularly signed off by staff as having been reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records, for example, preferred clothes to wear, preferred activities and food likes and dislikes.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be warm, clean, tidy and fresh smelling. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients' bedrooms were personalised with items that were important to them, such as, family photos, cushions, ornaments and plants. The main communal lounges and dining rooms were attractively decorated and welcoming spaces for patients.

It was observed that one lounge was being used to store items, such as, furniture which was no longer required, this lounge needed to be decluttered and tidied in order to be available for patients. Additionally a linen store needed to be tidied to ensure items were not inappropriately stored. 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. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

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 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 did not raise any concerns about the environment and said that they were satisfied the home was kept clean and tidy.

5.2.4 Quality of Life for Patients

The atmosphere throughout the home was warm, welcoming and friendly, music was playing in the communal areas and patients were seen to be relaxed and settled in their surroundings.

Discussion with patients and observations of the daily routine confirmed that staff offered patients choices throughout the day regarding, for example, where they wanted to sit, what they would like to eat and if they wanted to take part in the planned activities. Patients looked well presented and attention had obviously been paid to all aspects of their personal care needs.

The activity planner was on display and activities on offer included 'knit and knatter', art club, memory exercises, cake decorating and movies. Patients' birthdays and holidays were celebrated.

The activity co-ordinator said that patients had really enjoyed a recent 'oomph' exercise class where they used pompoms to encourage arm movements and they also enjoy listening to music and chatting.

An arts and crafts activity was underway during the inspection and it was observed that patients were enjoying painting hearts and fairy doors which will be displayed in the fairy garden in the courtyard. The activity co-ordinator was seen to really encourage and motivate the patients and it was lovely to see that patients who were less able to join in were also made to feel very included.

A mobile tuck shop has recently been introduced and is proving very popular with patients. The snacks available have been carefully chosen to appeal to the patients, for example, chocolate bars which they would recognise from their younger days, and modified diets are also taken into account. The shop is wheeled round the home three times a week.

Staff recognised the importance of maintaining good communication with families, especially if visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Patients said that they had enough to do and that it was their choice as to how they spent their day.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mr Paul Williamson has been the manager since 22 November 2021. Mr Williamson is in the process of submitting his application to RQIA to be registered as the manager of Clandeboye.

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 was evidence of regular staff meetings and a supervision schedule was in place.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

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 Regional Manager was identified as the appointed safeguarding champion for the home. It was established that suitable systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

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

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

Staff commented positively about the manager and described him as supportive and approachable. A staff member said that "Paul takes notice and gets things sorted out, he thanks us and we feel valued".

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 included an action plan for identified improvements with a timeframe for completion.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Paul Williamson, 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 Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4.9 Stated: First time To be completed by:	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. Ref: 5.2.2

<p>With immediate effect</p>	<p>Response by registered person detailing the actions taken: The Nurse in Charge has been reminded to ensure all staff, including agency, are compliant with documentation in regard to wound care management. This will also be discussed as part of the next staff meeting.</p> <p>The Nurse in Charge/Manager to complete new daily walk-around audit form to ensure compliance</p> <p>Home Manager/senior staff to monitor compliance/reflect through staff supervision and one to one supervision.</p> <p>Ensure good staff induction and support.</p> <p>To strive to ensure consistence of agency staff to ensure quality care.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Lounge 18 has now been tidied and will continue to be subject to monitoring and review. Recent RQIA request for change of use remains pending. Linen store now tidied accordingly. Compliance will be monitored as part of the internal auditing process and during the completion of the Reg 29 audit.</p>

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