



# Unannounced Care Inspection Report 28 November 2018



## Clandeboye

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

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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.

## 1.0 What we look for



## 2.0 Profile of service

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Annie Joy Kamlian
<b>Person in charge at the time of inspection:</b> Annie Joy Kamlian	<b>Date manager registered:</b> 4 June 2018
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia.	<b>Number of registered places:</b> 52  The home is approved to provide care on a day basis to one person.

### 4.0 Inspection summary

An unannounced inspection took place on 28 November 2018 from 10:30 to 14:00 hours.

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.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing arrangements, staff supervision and training, infection prevention and control and the home's environment; the culture and ethos of the home, governance arrangements, quality improvement and maintaining good working relationships.

There were no areas for improvement identified during this inspection.

Patients and relatives spoken with described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Annie Joy Kamlian, registered 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 20 June 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 20 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with five patients individually and with other in small groups, two patients' relatives and seven staff. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also provided for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you' cards which were to be 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.

A poster informing visitors to the home that an inspection was being conducted was displayed in the front foyer.

The following records were examined during the inspection:

- duty rota for nursing and care staff from 12 to 25 November 2018
- staff training records
- incident and accident records
- three patient care records
- a sample of governance audits

- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance 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 areas for improvement from the most recent inspection dated 20 June 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector during this inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 20 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 12 (3) <b>Stated:</b> First time	The registered person shall ensure that the identified shower chair is repaired or replaced to ensure it can be effectively cleaned/decontaminated between each patient.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation and discussion with the registered manager evidenced that the shower chair had been replaced and decontamination records were maintained for patient equipment.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a) (c)	The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.	<b>Met</b>

<p><b>Stated:</b> Second time</p>	<p><b>Action taken as confirmed during the inspection:</b> Observations and review of staff training and supervision records evidence that this area for improvement had been met.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (4) (a) <b>Stated:</b> Second time</p>	<p>The registered person shall ensure that all medicines are stored safely and securely at all times.</p> <p><b>Action taken as confirmed during the inspection:</b> Observations evidenced that this area for improvement had been met.</p>	<b>Met</b>
<p><b>Area for improvement 4</b> <b>Ref:</b> Regulation 20 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that all staff, commensurate with their role and function, are aware of and act appropriately in relation to avoidable and unnecessary risks to patients. For example, that all chemicals, including medications, are stored in a secure place and that infection prevention and control risks are identified and eliminated or reduced.</p> <p><b>Action taken as confirmed during the inspection:</b> Observations, discussion with the registered manager and staff; and review of staff training and supervision records evidenced that this area for improvement had been met</p>	<b>Met</b>
<p><b>Area for improvement 5</b> <b>Ref:</b> Regulation 12 (2) <b>Stated:</b> First time</p>	<p>The registered person shall ensure that bed mattresses and seating are effectively cleaned following incontinence to eliminate preventable malodour.</p> <p>Where the integrity of a waterproof covering is identified as being compromised, it should be replaced in keeping with infection prevention and control guidance.</p> <p><b>Action taken as confirmed during the inspection:</b> Observations, discussion with the registered manager and review of records evidenced that this area for improvement had been met.</p>	<b>Met</b>
<p><b>Area for improvement 6</b> <b>Ref:</b> Regulation 13 (7)</p>	<p>The registered person shall ensure that suitable arrangements to minimise the risk of infection and toxic conditions and spread of infection between patients are in place,</p>	<b>Met</b>



<b>Stated:</b> First time	adhered to consistently and monitored to ensure compliance.  Governance arrangements for infection prevention and control should be reviewed to ensure they are effective in capturing deficits in practice.	
	<b>Action taken as confirmed during the inspection:</b> Observations, discussion with the registered manager and review of records evidenced that this area for improvement had been met.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	The registered person shall ensure that the use of drug fridges is monitored regularly to ensure only drugs requiring refrigeration are stored in them.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations evidenced that this area for improvement had been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 26  <b>Stated:</b> First time	The registered person shall ensure that the practice of 'tying' doors of bedrooms is reconsidered.  Where behaviours that challenge staff are identified, for example patient entering empty bedrooms, that the behaviours are managed appropriately.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations evidenced that this area for improvement had been met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time	The registered person shall ensure that patient records are stored in a confidential manner at all times to ensure the patients' rights to privacy and dignity are upheld.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations evidenced that this area for improvement had been met.	

## 6.3 Inspection findings

### 6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the nursing and care staff rota from 12 to 25 November 2018 evidenced that the planned staffing levels were adhered to. Staff spoken with also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Clandeboye Care Home. We also sought the opinion of patients on staffing via questionnaires; none were returned within the specified timescale.

We also sought relatives' opinion on staffing via questionnaires; none were returned within the specified timescale.

We discussed the provision of mandatory training with staff who confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 1 September 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records, from 1 July 2018, confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.



A review of the home’s environment was undertaken and included observation of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients and staff spoken with were complimentary in respect of the home’s environment.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of care delivery, discussion with staff and review of records evidenced that infection prevention and control measures and best practice guidance were consistently adhered to.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff supervision and training, infection prevention and control and the home’s environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

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

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, pressure area care, management of bedrails and management of nutrition. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records also reflected that, where appropriate, referrals were made to healthcare professionals such as General Practitioners (GPs), the speech and language therapist (SALT), the tissue viability nurse (TVN), and dieticians. There was evidence that care plans were reflective of the recommendations made by healthcare professionals.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted and observations made demonstrated the ability of staff to communicate effectively with their patients, other healthcare professionals and colleagues.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, communication between patients, staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 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.**

We arrived in the home at 10:30 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

We observed a group of patients enjoying being read to, by the activity therapist, in one of the lounges. Patients confirmed the book they were reading together and shared their views on how “good or bad” the novel was. This was good to see and the staff member was commended for their efforts.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten relative questionnaires were provided; none were returned within the timescale.

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Any comments from patients, patient representatives in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 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.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota for weeks commencing the 12 and 19 November 2018 evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Review of the home's complaints records, from 1 July 2018, evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

We reviewed two of reports from the monthly monitoring visits undertaken on 27 July and 25 October 2018. It was evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents and IPC practices. The outcome of any audit and progress with any action plan devised was reviewed as part of the monthly quality monitoring visit undertaken on behalf of the responsible individual.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.



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