

Unannounced Inspection Report

20 February 2020



Clandeboye

Type of Service: Nursing Home
Address: 35 Cardy Close, Bangor, BT19 1AT
Tel No: 028 91271011
Inspector: Paul Nixon

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 living with dementia. 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: Dr Maureen Claire Royston	Registered Manager: Ms Annie Joy Kamlian
Person in charge at the time of inspection: Ms Patricia Lingad (Charge Nurse)	Date manager registered: 4 June 2018
Categories of care: Nursing Home (NH) DE – Dementia	Number of registered places: 52

4.0 Inspection summary

An unannounced inspection took place on 20 February 2020 from 09.50 hours to 13.35 hours.

The inspection assessed progress with any areas for improvement identified since the last care and medicines management inspections 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 the management of medicines, the environment and the dining experience.

No areas requiring improvement were identified.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them 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 Ms Patricia Lingad, Charge Nurse, 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

No further actions were required to be taken following the most recent inspection on 24 and 25 June 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

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

During the inspection we met with seven patients and nine members of care staff.

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.

During the inspection a sample of records was examined, which included 12 patients' personal medication and medicine administration records.

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 care and medicines management inspections

There were no areas for improvement identified as a result of the most recent care or medicines management inspections dated 24 and 25 June 2019 and 21 February 2019.

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.

We arrived in the home at 09.50 hours and were greeted by the staff who were helpful and attentive. Some patients were seated in the lounges whilst others remained in their rooms, in keeping with their personal preference or their assessed needs.

Observation of the delivery of care evidenced that staff attended to patients needs in a timely and caring manner.

The home was observed to be clean and warm, all areas inspected were appropriately decorated and clean. There were no malodours. Corridors were free from trip hazards and cleaning products were stored in areas not accessed by patients.

A sample of 12 personal medication records and medicine administration records were reviewed. These had been maintained in a satisfactory manner. A range of audits on the administration of medicines was completed. There was evidence that medicines were being administered as prescribed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the home's environment, staffing and the management of medicines.

Areas for improvement

No areas for improvement were identified during the inspection.

	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.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Newly prescribed medicines, including antibiotics, had been received into the home without delay.

Staff stated that there was effective teamwork; each staff member spoken to knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues.

We reviewed the lunchtime meal experience in Stewart Suite. Lunch commenced at 12.30 hours. Patients dined at the main dining area or at their preferred dining area such as their room. Tables had been laid appropriately for the meal. The menu offered a choice of meal for lunch. Patients who required to have their meals modified were also afforded a choice of meal. Food was served when patients were ready to eat their meals or be assisted with their meals. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients’ dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. Patients consulted spoke positively of the food provision

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely availability of antibiotics, communication between patients and staff and the assistance provided by staff to ensure that patients enjoyed a nutritious meal.

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.

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.

Consultation with seven patients confirmed that living in the home was a positive experience. Comments included:

- “I am happy here and am looked after well.”
- “It’s great here; staff are great.”
- “I am fed extra well.”
- “I am looked after well. The staff are good.”
- “I don’t think anyone could have any complaints in here.”
- “I am very happy here. I am fed well.”
- “I am looked after well; staff are good. I am happy with the food.”

Of the questionnaires that were issued, six were returned from patients or from relatives. The responses indicated that they were satisfied/very satisfied with all aspects of the care. Comments included:

- “We notice that each resident is well dressed and they all appear very settled. The carers appear to know each individual resident and treat each resident with respect.”
- “The carers are very approachable and helpful.”

- “The nursing staff are very professional and we have total confidence in their ability.”
- “The home is spotless and there is great effort made to have the residents entertained and activities.”
- “All in all this home is very good indeed.”
- “Very, very happy with Clandeboye just feel the staff don’t get the support they deserve.”
- “Perhaps a bit more motivation with any who may respond.”

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.

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 taking account of their views.

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.

Discussion with staff confirmed that management were supportive and responsive to any suggestions or concerns raised. Staff confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. Staff spoken to stated that they enjoyed working in the home. Comments included:

We also sought staff opinion on staffing via the online survey. There were no responses received within the allocated time provided.

There were robust arrangements in place for the management of medicine incidents. Staff confirmed that they knew how to identify and report incidents. Medicines related incidents reported since the last medicines management inspections were discussed. There was evidence of the action taken and learning implemented following incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that incidents may need to be reported to the safeguarding team.

Regarding the Deprivation of Liberty Safeguards, the person-in-charge advised that the manager had attended training. However, most staff spoken to had not received the appropriate level of training. The need to ensure that all staff receive this training without further delay was discussed with the person in charge. Staff demonstrated general awareness and knowledge of what a deprivation of liberty is.

Areas of good practice

There were examples of good practice found in relation to quality improvement and maintaining good working relationships.

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
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

Assurance, Challenge and Improvement in Health and Social Care