



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment: Clifton Nursing Home
Establishment ID No: 1073
Date of Inspection: 9 December 2014
Inspectors' Names: Heather Sleator and Sharon Loane
Inspection ID INO17020

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Home:	Clifton Nursing Home
Address:	2a Hopewell Avenue Belfast BT13 1DR
Telephone Number:	028 9032 4286
E mail Address:	Manager.clifton@runwoodhomes.co.uk
Registered Organisation/ Registered Provider:	Runwood Homes Mr Nadarajah (Logan) Logeswaran
Registered Manager:	Miss Nicola Scovell, Acting Manager
Person in Charge of the Home at the Time of Inspection:	Miss Nicola Scovell, Acting Manager
Categories of Care:	NH-DE, NH-I, NH-PH
Number of Registered Places:	100
Number of Patients Accommodated on Day of Inspection:	89
Scale of Charges (per week):	£581.00-£716.00 per week + top up of £ 30.00 per week for general nursing & £35.00 per week for dementia.
Date and Type of Previous Inspection:	5 November 2014 09.30- 17.40 hours Unannounced Secondary Inspection
Date and Time of Inspection:	9 December 2014 10:00 – 18:00 hours
Name of Inspectors:	Heather Sleator Sharon Loane

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process.

1.2 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- discussion with the Regional Manager
- discussion with the Nurse Manager
- discussion with staff
- discussion with patients individually and to others in groups
- review of a sample of staff training records
- review of a sample of staff duty rotas
- review of a sample of care plans
- evaluation and feedback
- observation during a tour of the premises.

1.3 Inspection Focus

RQIA undertook an inspection of Clifton Nursing Home on 5 November 2014 following information received from the commissioning Trust in relation to the use of restrictive practice. This had been identified by a trust representative during a visit to the home. Following the inspection a serious concerns meeting was held in RQIA with the responsible person. At this time the responsible person submitted an action plan to RQIA detailing how identified concerns were being addressed by management of the organisation.

The inspectors undertook a focused inspection on 9 December 2014 and reviewed information detailed on the submitted action plan and the level of compliance attained in respect of the previous quality improvement plan.

The inspectors have rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Clifton Nursing Home is situated in Carlisle Circus, Belfast. The nursing home is operated by Runwood Homes.

The current manager is Miss Nicola Scovell; Miss Scovell has been issued with an application form for registration by RQIA. Upon receipt of a completed application form, the registration process will commence.

Accommodation for patients is provided on three suites, Benn Suite is situated the ground floor, Toby Hurst is on the first floor and Donegal Suite is on the second floor of the home.

Access to the first floor is via a passenger lift and stairs.

Communal lounges and dining areas are provided within each suite.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home. The home has a hairdressing facility, a designated area for worship, a conservatory and a secure garden.

The home is registered to provide care for a maximum of 100 persons under the following categories of care:

Nursing care

- I old age not falling into any other category
- PH physical disability other than sensory impairment under 65
- DE dementia care to a maximum of 40 patients accommodated within the dementia unit on the ground floor.

3.0 Summary

This summary provides an overview of the services examined during an unannounced focused care inspection to Clifton Nursing Home. The inspection was undertaken by Sharon Loane and Heather Sleator on 9 December 2014 from 10:00 hours to 18:00 hours.

The inspectors were welcomed into the home by Miss Nicola Scovell, acting manager who was available throughout the inspection. Miss Nicola Scovell, will be referred to in the report, as the manager.

Verbal feedback of the issues identified during the inspection was given to Mrs Norma McAllister, regional manager and Miss Nicola Scovell, manager, at the conclusion of the inspection.

During the course of the inspection, the inspectors met with patients, staff and two visiting relatives. The inspectors observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

The inspectors reviewed the home's management and governance arrangements, staffing rosters, care practices specifically in relation to restrictive practices, and the care records of four patients. The dining experience for patients was also examined with a specific focus in Benn Suite.

The requirements and recommendations made as a result of the previous inspection were reviewed. Six requirements and two recommendations had been made. Four requirements and one recommendation have been subsumed into the three failure to comply notices issued to the home following this inspection. Two requirements were assessed as compliant and one recommendation has been carried forward for review at the next inspection.

A number of the issues identified during this inspection had previously been highlighted in August 2014 and November 2014, following Runwood homes assuming operational responsibility.

Details of the inspection findings can be found in the main body of the report.

In view of concerns from the inspection, RQIA undertook an overview of previous inspection activity including the lack of progress and sustained compliance, with The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Nursing Homes Minimum Standards 2008, and had concerns regarding:

- the quality of leadership and governance/management arrangements in the home;
- the quality of care and service delivery to patients accommodated in the home identified under regulations 12(1)(a) and (b), 12(4)(a) and (b); including nutrition and hydration and the dining experience for patients
- the lack of strong leadership and management regarding dementia care practice;
- the lack of a robust system to evidence arrangements had been put in place, by training or by other measures regarding the use of restrictive practices;

As a result of the information gathered and detailed above there was no evidence to support staffing arrangements in the home had been reviewed and revised to adequately meet the individual needs of patients.

As a result of the issues identified during this inspection, the Regulation and Quality Improvement Authority (RQIA) have concerns that the quality of care and service within Clifton Nursing Home falls below the minimum standard expected. This was with regard to the quality of nursing care and specifically the use of restrictive practice for patients, the provision of food and fluids for patients, deployment of staff and leadership and management arrangements in the home.

RQIA required the responsible person, Mr Logan Logeswaren, to attend a meeting in RQIA offices, on 19 December 2014, to discuss these concerns.

Despite assurances offered by Mr Logeswaren, RQIA considered the concerns to be of a serious nature and failure to comply notices were issued against three regulatory areas. These areas were:

- nursing care in respect of the use of restrictive practice
- governance arrangements in the home which ensure the effective delivery of patient care.

The inspectors would wish to thank Ms Scovell and Ms McAllister, staff, visitors and patients for contributing to the inspection process.

4.0 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

RQIA received information from the commissioning Trust in relation to the use of restrictive practice. The incidents are being managed in accordance with the regional adult protection policy by the safeguarding team within the Belfast Health and Social Care Trust and at the time of inspection were currently ongoing.

RQIA are not part of the investigatory process, however, the commissioning trust and the manager of the home have agreed to update RQIA at all stages of the investigations.

5.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	20(1)(a)(b)	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients;</p> <p>(b) ensure that the employment of any persons on a temporary basis at the nursing home will not prevent patients from receiving such continuity of nursing as is reasonable to meet their needs.</p> <p>By ensuring that:</p> <ul style="list-style-type: none"> • staff duty rosters are submitted to RQIA for the periods from 10-30 November 2014 with confirmation that the rosters have been worked. • agency staff working in the home receive information and 	<p>The inspectors were unable to verify that the requirement had been addressed. The review of staff duty rotas did not evidence there were sufficient numbers of staff on duty, as appropriate for the health and welfare of patients, particularly in Benn suite.</p> <p>Whilst the use of agency staff had decreased there was no evidence that staff had received an induction when commencing in the home.</p> <p>Ancillary hours had not been increased. There was no domestic assistant working in Benn suite after 15:00 hours and on the day of inspection there was only one member of staff working in the laundry.</p>	<p>This requirement has been subsumed into a failure to comply notice.</p>

		<p>effective training in relation to Runwood company policies and procedures.</p> <ul style="list-style-type: none"> • ancillary staffing hours are increased to meet the needs of the home. • 		
2.	12 (1)(a)(b)	<p>The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –</p> <p>(a) meet his individual needs;</p> <p>(b) reflect current best practice;</p> <p>By ensuring that:</p> <ul style="list-style-type: none"> • a review of restrictive practices within the home is undertaken • care records effectively reflect the assessment need and decision making in respect of any form of restrictive practice, such as the use of lap belts. 	<p>The inspectors were unable to verify that the requirement had been fully addressed.</p> <p>Lap belts were no longer in use in the home. However, sensor mats were observed in patients' bedrooms. The review of nursing care records in relation to the assessment and care planning for the use of sensor mats did not evidence that this was undertaken in accordance with best practice guidance.</p> <p>The review of nursing care records did not evidence a person centred and dementia specific focus to the provision of care.</p> <p>At the time of inspection there were 20% of the total numbers of patients on continuous bed rest. Nursing care records did not clearly evidence the rationale for patients being nursed in bed.</p>	<p>This requirement has been subsumed into a failure to comply notice.</p>

		<ul style="list-style-type: none"> • individual patient records reflect evidence based practice, and nursing staff ensure that care is delivered to patients in accordance with their individual care plan. • the care of patients with dementia is reviewed to ensure there is a focus on dementia and how each patient's dementia needs impact on their daily life. • call bells in use must be in working order at all times • male patients should have sufficient shaving equipment to enable personal care to be provided • the practice of nursing patients in bed should be kept under review by management and the decision making for this practice effectively recorded in individual care records. 	<p>A patient was observed who had not been shaved. This was discussed with staff who confirmed that night staff had assisted to get up and dressed. The importance of all staff affording full personal care to patients was discussed.</p>	
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3.	12 (4)	<p>The registered person shall ensure food and fluids –</p> <ul style="list-style-type: none"> (a) are provided in adequate quantities and at appropriate intervals (b) provide choice for the patients: and (e) that the menu is varied at suitable intervals <p>By ensuring that:</p> <ul style="list-style-type: none"> • hot and cold drinks and snacks are offered and provided to all patients at customary intervals for example, during mid-morning periods. • the nursing home delivers services effectively on a day-to-day basis in accordance with legislative requirements, DHSSPS Minimum Standards, and other standards set by professional bodies and standard setting organisations in relation to the management of meals served, and this is monitored by the manager of the home. 	<p>The inspectors were unable to verify that this requirement had been fully addressed.</p> <p>The serving of the midday meal was observed in all three units. The observation did not evidence that patients who require a specialised diet were being offered a choice at mealtimes.</p> <p>Nutritional audits undertaken by management did not evidence that where shortfalls were identified remedial and corrective action had taken place.</p>	<p>This requirement has been subsumed into a failure to comply notice.</p>
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4.	17 (1)	<p>The registered person shall introduce and ensure systems are maintained for reviewing at appropriate intervals the quality of nursing and other service provision in or for the purposes of the nursing home and that any such review is undertaken not less than annually.</p> <ul style="list-style-type: none"> • the registered person should ensure that working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures, and action is taken when necessary. • infection control and cleaning audits are undertaken . 	<p>The inspectors were unable to verify that this requirement had been fully addressed.</p> <p>A review of the audits which had been undertaken to review the quality of nursing and other services provided did not evidence a systematic and robust approach to audit. Audits did not evidence that remedial and corrective action had been taken where a shortfall had been identified.</p>	<p>This requirement has been subsumed into a failure to comply notice.</p>
5.	27(2)(d)	<p>The registered person shall, having regard to the number and needs of the patients, ensure that</p> <p>(d) all parts of the nursing home are kept clean and reasonably decorated.</p>	<p>The inspectors verified that this requirement had been addressed. At the time of inspection a satisfactory standard of cleanliness and there were no malodours.</p>	<p>Compliant</p>

6.	30(1)(d)	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of</p> <p>(d)any event in the nursing home which adversely affects the wellbeing or safety of any patient;</p> <p>By ensuring that:</p> <ul style="list-style-type: none"> the outcome of one safeguarding investigation is submitted to RQIA. 	<p>The inspectors verified that this requirement had been addressed.</p> <p>RQIA had been kept informed both by the home and the local Health and Social Care Trust of the status of a safeguarding investigation.</p>	Compliant
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	5.6	Ensure patients' contemporaneous nursing records are accurately completed at all times in accordance with record keeping guidance provided by the nursing regulator. (NMC)	The inspectors were unable to verify that this recommendation had been addressed. The review of nursing care records did not evidence patients' nursing records were, at all times, contemporaneous and accurate.	This recommendation has been subsumed into a failure to comply notice.
2.	34.1	Ensure once only syringes are disposed of after use.	This recommendation was not reviewed on this occasion and is carried forward for review at the next inspection.	Not Assessed.

6.0 Areas Examined

6.1.1 Management Arrangements

Runwood Homes commenced operating Clifton Nursing Home in January 2014.

Since then there have been management changes and Miss Scovell, the current manager commenced employment in the home in August 2014, and is supported by a deputy manager who had recently been appointed.

6.2 Health & Welfare of Patients

6.2.1 Care Practices

The three nursing units were visited, care practices were observed, a sample of care records was examined and a sample of patients, relatives and staff were consulted. Staff were observed quietly attending to the patients' needs.

There were a number of patients being nursed in bed in each of the units, and some patients were observed sitting in lounges and their bedrooms.

Patients consulted, generally commented positively in regard to the care they received and the caring attitude of the staff. The inspectors spoke with one patient who expressed concern that there was no nurse on duty on an identified night. The review of the staff duty roster confirmed an agency nurse was on duty. However, this matter was discussed with the manager to monitor that registered nurses were making contact with patients during their shift of duty.

Previously, RQIA had received information from the commissioning Trust representatives regarding the use of lap belts. At the inspection of 5 November 2014, in each of the three suites, patients were observed seated in a specialist chair with a lap belt in place. This was discussed with the manager who gave assurances that the use of any restrictive practice would be in accordance with best practice guidance.

Lap belts were not observed in any of the three suites. However, the inspectors did have significant concern in relation to the use of other forms of restrictive practice, specifically regarding the use of sensor mats and bedrails.

The review of three patients' nursing care records in Benn Suite did not evidence the involvement of the multidisciplinary team regarding the use of restrictive practice or that consultation with the patient and/or their representative had taken place.

Care records reviewed did not evidence that a robust approach was being undertaken by registered nurses to the risk assessment and care planning to evidence the need for a rationale for the use of sensor mats and bedrails, nor that this was the least or most appropriate form of restrictive practice to use regarding the safety of patients' whilst in bed.

The review of care plans developed in relation to patients being at risk of falling did not evidence a person centred approach. Care interventions were the same for all three patients and care interventions did not evidence review. For example; the care intervention for one patient had been written in July 2013 and related to a specific occurrence, at that time. There was no evidence to support the care intervention had been reviewed or remained applicable.

It is the responsibility of the registered persons to ensure that any decision(s) about the use of restraint and or restrictive practices and the actions taken are decided upon in the context of nursing homes legislation, codes of practice and other professional standards, policies and guidelines relevant to the nursing home. Individual patient records must reflect evidence based practice, and nursing staff must ensure that the care plan evidences a person centred approach and regular review.

One relative who met with the inspectors described frequent occasions when they had visited their relative at lunch time and the patient was still in bed. The inspectors also observed a number of patients who were being nursed in bed in each of the units. This practice should be kept under review by management.

The inspectors observed one male patient in Benn Suite who was not well presented and had not been shaved. This was discussed with care staff who informed the inspectors that night staff had assisted the gentleman and he was up and dressed when they came on duty. The manager was informed of this and advised that all staff need to be made aware of acceptable care standards and registered nursing staff should be supervising and monitoring the delivery of care.

One visiting relative informed the inspectors that it was felt the standards of care had 'dropped' from the time of Runwood Homes assuming operational management of the home. The relative stated problems remained with laundry arrangements, meals and a lack of attention to personal care.

A lack of focus on care delivery of patients with dementia was also observed. There was no life story information available to assist staff with person centred care and a number of staff on duty stated a lack of knowledge of dementia care. For example; two care assistants who did not usually work in Benn Suite had been taken from their usual suites to work in Benn as a result of staff shortage. The registered nurse had been employed in the home for one month and had no experience of dementia care and had not undertaken any training in dementia awareness since taking up post. This was discussed with the area regional manager and manager during feedback.

Management must ensure that the care of patients with dementia is reviewed to ensure there is a focus on the dementia needs of each patient and how their dementia needs impact on their daily life. Staff in the home, including staff from Donegal and Toby Hurst Suite must complete dementia awareness training.

6.2.2 The management of dehydration & fluid intake

A review of the fluid records of three patients in Benn Suite identified a number of shortfalls, for example, there was no identified desired daily fluid intake for individuals recorded. The omission of this information was problematic as there was no guidance as to whether targets were being achieved or if medical advice/intervention was required.

The review of one patient's progress notes identified that they required support of one member of staff, however this patient had also been assessed by nursing staff at risk of dehydration. However, the fluid intake recording for this patient on 8 and 9 December 2014 had not been reconciled by nursing staff.

These issues also applied to Donegal and Toby Hurst Suites. The review of fluid intake recording did not evidence a consistent approach to reconciling the daily fluid intake, recording charts were missing and night staff were not diligent in recording fluid intake as recording stopped at 20:30 hours.

A consistent and accurate system for the recording and monitoring of individuals' fluid intake must be implemented

6.2.3 Meals and Mealtimes

Patients were observed having their midday meal in Benn, Toby Hurst and Donegal Suites.

There was evidence of some improvement with the appearance of dining tables. However, this was not consistently applied across the three units. For example; table cloths were not used in Donegal and Toby Hurst Suites.

There was no menu choice available to patients receiving a therapeutic diet. The menu observed on the day stated patients requiring a modified diet would have pureed lamb. There was no evidence of the availability of an alternative. It was very concerning that patients who require a specialised diet are not being given a choice of meal.

There was no menu displayed in Toby Hurst or Donegal Suites. The menu was displayed on the wall outside of the dining room in Benn Suite however it was not in a format appropriate for persons with dementia.

The overall dining experience was not in accordance with best practice for dementia care. The deficits in practice impact on the health and welfare of the patients and are unacceptable. Staff were observed transporting meals to patients from one dining room to the other, uncovered and without a tray.

A staff member was observed standing beside a patient who was being assisted with their meal. The staff member held the patients meal in their hand. A registered nurse did advise the staff member to be seated however this request was not followed by the staff member. Leadership and direction from nursing staff should always be in evidence at mealtimes.

During a previous RQIA inspection similar shortfalls in respect of the management of meals had been identified. It is concerning that these issues had not been fully addressed.

The registered person must ensure that the management of meals and mealtimes is reviewed throughout the three units of the home. In addition there should be day to day management oversight during the meal service and poor practice addressed.

6.2.4 Leadership and Management Arrangements

The inspectors were unable to evidence the effective promotion of nursing care due to;

- the lack of a robust and consistent approach to monitoring the quality of services provided, for example; the review of audits completed in respect of care records, nutrition and the environment were not undertaken in a systematic manner and did not evidence the remedial action taken where shortfalls had been identified
- the monthly monitoring reports, undertaken in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005, did not clearly evidence the remedial action taken where shortfalls had been identified
- in discussion with two relatives, who had requested to speak to the inspectors, concerns were raised regarding nursing care, personal care, nutrition and the quality of meals provided, staffing in terms of reduced levels of staff on duty and the perceived high use of agency staff and laundry issues. Relatives stated there had been no improvement despite bringing their concerns to the attention of management
- staff remain dissatisfied with staffing arrangements and communication in the home, and stated that they had “too much to do and no time to do it in”
- there was little evidence to support that staff have an understanding of best practice guidance in respect of the restrictive practice due to;
 - lack of consultation with the multidisciplinary team
 - lack of consultation with the patient and/or their representative
 - no clear decision making rationale for the use of any form of restrictive practice
 - fall risk assessments were not completed accurately
 - care plans where risk had been identified did not evidence review
 - care plans were ‘core’ care plans and not person centred
 - there were no available audits for the use of restrictive practice

- staffing arrangements did not reflect patients' dependency levels, categories of care, workload and the supervision of patients.

Concerns were also identified regarding the lack of consistent management oversight and monitoring of care practices principally in Benn Suite. These concerns were also brought to the inspectors' attention by a visiting relative in Benn Suite. Management were informed, by the inspectors, of the issues raised by the relative. Management were advised to discuss the concerns raised with the relative.

6.2.5 Dementia Practice

There had been an improvement in the appearance of Benn Suite. Areas of the suite had been wallpapered and this provided a more homely and less clinical looking environment. Benn Suite had also been designated into four 10 bedded sub-units and named, for example 'poppy' unit. The inspectors were informed that work is to continue regarding enhancing the environment for patients. This is good practice.

However, it remains of concern that;

- the review of staff training records evidenced that 17 staff completed dementia awareness training in September 2014. Given the movement of staff throughout the three units of the home it is the expectation this training is made available to all staff
- the lack of evidence that a dementia audit had been undertaken and an action plan developed following the completion of the audit
- the lack of evidence of a person centred approach to care, for example; life story work was not available for individual patients, the reminiscence room door was kept closed therefore patients could not access this area
- the lack of knowledge regarding the management of distressed reactions, for example; a patient who was unsettled was seated at the nurses station so as other patients did not become distressed
- lack of dedicated activities hours Benn Suite. Whilst the home employs two activities coordinators their time is divided between all three units of the home. Meaningful activity is extremely important in dementia care and has great therapeutic value therefore how this can be achieved in Benn Suite must be considered.

6.2.6 Staffing Arrangements

A review of the staff duty rosters for the period from 30 November – 20 December 2014 evidenced that the numbers and skill mix of staff on duty was not in accordance with RQIA minimum staffing guidance.

The review of the staff duty rosters evidenced that registered nursing hours were below recommended staffing levels in Donegal and Benn suites. This in turn affected the skill mix of staff on duty. Donegal and Benn suites had proportionately more care staff hours than nursing hours. The review of the duty rota also evidenced that a registered nurse, on night duty, worked 12 nights consecutively, without a rest night. This is not good practice.

At the time of inspection there were 18 patients on continuous bed rest, this was 20% of the total number of patients in the home. Staffing arrangements should also reflect the dependency levels of patients and time afforded for the effective delivery of care. One visiting relative informed the inspector that patients on bed rest did not receive assistance with their meals in a timely manner.

The rotas evidenced a small reduction in the use of agency staff for day and night registered cover. Three registered nurses had been appointed. However, there was evidence that the staffing arrangements in Benn were impacting on the quality and continuity of patient care.

Another visiting relative who spoke with the inspectors discussed the impact the continuous changes in nursing staff including agency staff was having on their relatives care and them, as a result of having to communicate with so many different nursing staff.

Evidence was not available confirming that agency nursing staff had received sufficient information in respect of the policies and procedures pertaining to the company.

The review of staff duty rosters evidence there was no domestic assistant support in Benn Suite after 15:00 hours. After this time care assistants are required to undertake domestic assistant duties. The importance of care assistants dedicating their time to caring duties and meeting patient need was discussed with the manager. Assurances were given that management would recruit to provide twilight domestic assistant support in Benn Suite. Attention should also be given to the laundry as on the day of inspection there was only one person working in the laundry. All areas of the home should be staffed appropriately.

These issues were discussed with the manager who confirmed that a recruitment drive had been successful and remained ongoing within the company. It was anticipated that unit managers would be appointed with Benn Suite.

The issues identified in relation to staffing were discussed with the area manager and manager during feedback.

6.2.7 Safeguarding

In accordance with legislation and RQIA notification procedures, RQIA had been informed of a safeguarding issue raised by the commissioning Trust in respect of restrictive practice. This is currently ongoing.

An update on the current status of the investigation was provided. The manager agreed to ensure that RQIA was kept informed of the investigation outcome.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Nicola Scovell, manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Heather Sleator
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Secondary Unannounced Care Inspection

Clifton Nursing Home

9 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Nicola Scovell manager and Norma McAllister, regional manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	12 (1) (a) and (b)	<p>It is required the registered persons must ensure individualised care plans are in place which meet the assessed needs of the patient in respect of restrictive practice</p> <p>Ref: 5.2 Health & Welfare of Patients, 5.2.1 Care Practices</p>	This requirement has been subsumed into a failure to comply notice	<p>All patients using equipment in respect of restrictive practice have been reassessed. Where these equipments are deemed to be necessary an risk assessment and individual care plan is being implemented and will be reviewed on a monthly basis and as and when required.</p> <p>Donegal suite: Assesment and individualised care plans fully completed. Each next of kin and care manager are made aware.</p> <p>Toby Hurst suite: All assesments completed and care plans are being implemented - half of them have been completed to date.</p> <p>Benn suite: Rooms 1-20 have been reassessed and care plans are in place, next of kin and care manager have been made aware.</p>	In line with the notice.

				Further assesments are being carried out with patients from rooms 21- 40 and will be followed by individualise care plan - seven left to complete by the 13th February 2015	
2	12 (1) (a) and (b)	It is required the registered persons review the use of restrictive practices in place with best practice guidance Ref: 5.2 Health & Welfare of Patients, 5.2.1 Care Practices	This requirement has been subsumed into a failure to comply notice	Nearly all residents using restricitve equipment have been reassessed (apart from idntified seven as above). Moving forward, the manager will authorise any use of restrictive equipment after a thorough assessment before these are implemented.	In line with the notice.
3	16 l1)	It is required the registered persons must ensure that care plans are maintained with sufficient and accurate detail to direct staff regarding any restrictive practice Ref: 5.2 Health & Welfare of Patients, 5.2.1 Care Practices	This requirement has been subsumed into a failure to comply notice	All assesments have been reviewed ensuring care plans are reflecting the need to have the specified equipment. Assessment will be reviwed monthy and as when required and during care management reviews.	In line with the notice.

4	14 (4)	<p>It is required the registered person must ensure registered nurses have undertaken training in restraint/restrictive practice.</p> <p>Ref: 5.2 Health & Welfare of Patients, 5.2.1 Care Practices</p>	<p>This requirement has been subsumed into a failure to comply notice</p>	<p>Training has been arranged for an external provider to provide training for all nurses, this will take place on the 5th March 2015.</p>	<p>In line with the notice.</p>
5	12 (1) (a) and (b)	<p>It is required the registered persons must ensure there is an effective system in place to review the management of restrictive practice. A record of any evaluation or audit undertaken must be retained and any deficits identified must be fully addressed.</p> <p>Ref: 5.2 Health & Welfare of Patients, 5.2.1 Care Practices</p>	<p>This requirement has been subsumed into a failure to comply notice</p>	<p>A monthly audit on restrictive practice are carried out and action taken where required. Staff have been instructed to ensure that full records are kept of each resident's behaviour while used the said equipment to aid in proper evaluation.</p>	<p>In line with the notice.</p>
6	19 (2) Schedule 4, 13	<p>It is required the registered persons must ensure patients nutritional and fluid intake recording charts are completed in a consistent manner and accurately reflect the meal eaten by patients;</p> <p>Ref: 5.2.2 The management of dehydration & fluid intake</p>	<p>This requirement has been subsumed into a failure to comply notice</p>	<p>Nutritional chart has been reviewed, staff are allocated with specific residents and each staff member must ensure that the nutritional charts are completed appropriately and accurately. Nutritional charts are being checked by the staff nurse on duty at the end of each shift. The managers are carrying out daily nutritional chart audits and any discrepancies are addressed immediately.</p>	<p>In line with the notice.</p>

7	12 (1) (a) and (b)	<p>It is required the registered persons must ensure that meals and mealtimes are in accordance with best practice for persons with dementia;</p> <p>Ref: 5.2.4 Meals and Mealtimes</p>	<p>This requirement has been subsumed into a failure to comply notice</p>	<p>Staff are now allocated for meal times, ensuring the nurse in charge takes the lead. Mealtime checklist is being used daily to ensure that each mealtime is up to standards expected. Manager's are carrying out weekly meal audits followed with an action plan.</p>	<p>In line with the notice.</p>
8	12 (1) (a) and (b)	<p>It is required the registered persons must ensure that dining tables are at all times clean and dining table presentation is in accordance with best practice for persons with dementia;</p> <p>Ref: 5.2.4 Meals and Mealtimes</p>	<p>This requirement has been subsumed into a failure to comply notice</p>	<p>Dining tables are now being set appropriately by allocated staff to ensure these are completed to a high standard, monitored daily by the manager.</p>	<p>In line with the notice.</p>
9	14 (2) (c)	<p>It is required the registered persons must ensure all staff undertake basic food training and adhere to food hygiene guidelines when participating in the serving of patients' meals. A record of any training undertaken must be retained;</p> <p>Ref: 5.2.4 Meals and Mealtimes</p>	<p>This requirement has been subsumed into a failure to comply notice</p>	<p>All staff participating in the serving of food are undertaking food and hygiene training and records are available in the home.</p>	<p>In line with the notice.</p>

10	14 (2) (c)	<p>It is required the registered persons must ensure staff use trays when transporting meals to patients who do not sit at the dining table. Any meal taken to a patient on a tray should remain covered until the point of service.</p> <p>Ref: 5.2.4 Meals and Mealtimes</p>	This requirement has been subsumed into a failure to comply notice	Trays and food covers are provided to each suites, staff have been instructed to ensure when taking food to residents rooms they are using trays and food covers. Nurse in charge and management monitoring during meal times.	In line with the notice.
11	12 (4) (d)	<p>It is required the registered persons must ensure that at all times patients are afforded a choice of meal at any mealtime. This includes patients who require a therapeutic diet. The record of meals served must accurately reflect the meals served on any given day.</p> <p>Ref: 5.2.4 Meals and Mealtimes</p>	This requirement has been subsumed into a failure to comply notice	Three week menu has been reviewed, we now have a choice of meals for all residents including therapeutic diet. Picutre menus are now being displayed on each table for each given meal.	In line with the notice.
12	17 (1)	<p>It is required the registered person must establish robust management arrangements to ensure the effective delivery of care to patients and supervision of staff;</p> <p>Ref: 5.2.5 Leadership and Management Arrangements</p>	This requirement has been subsumed into a failure to comply notice	All staff nurse competencies are completed to ensure they take the lead and manage the team effectively. Nurses and staff are having direct supervisions and coaching from the senior manager in the home.	In line with the notice.

13	20 (1) (a)	<p>It is required in order to ensure the needs of patients accommodated in Clifton Nursing Home, the staffing levels and deployment of staff should be revised in each individual unit;</p> <p>Ref: 5.2.5 Leadership and Management Arrangements</p>	<p>This requirement has been subsumed into a failure to comply notice.</p>	<p>Staffing has been reviewed. In Benn Unit the number of staff nurses has been increased from 2 to 3, additional hours have been increased in the laundry. There is also a twilight domestic every day.</p>	<p>In line with the notice.</p>
14	20 (c) (i)	<p>It is required the registered persons must ensure that a programme of dementia awareness training is established paying particular attention to the Benn suite.</p> <p>Ref: 5.2.5 Leadership and Management Arrangements</p>	<p>This requirement has been subsumed into a failure to comply notice.</p>	<p>All staff are undertaking basic dementia training on e-learning. 62 members of staff so far have attended dementia training provided by Head Office. Dementia champion training has been arranged for the 12th February. Staff in the home have also had support from Runwood Homes' Senior Dementia Service manager who has been working with the staff on Benn Suite in the implementing our dementia strategy.</p>	<p>In line with the notice.</p>

<p>15</p>	<p>17 (1)</p>	<p>It is required the registered persons must ensure a system to review the quality of services provided in Clifton Nursing Home is implemented. The system should include a systematic review of:</p> <ul style="list-style-type: none"> • care records • cleanliness and hygiene • the environment • the dining experience for patients • restrictive practice <p>Evidence must be present of the remedial action taken where a shortfall has been identified.</p> <p>Ref: 5.2.5 Leadership and Management Arrangements.</p>	<p>This requirement has been subsumed into a failure to comply notice.</p>	<p>All care plans are in the process of being re-written and a full audit will be carried out to ensure they meet the required standard, once this has been completed, a monthly audit will be carried out or earlier where required.</p> <p>A cleaning schedule has now been implemented to ensure housekeeping staff are completing their tasks as instructed. Each housekeeper is now required to have their schedules signed off by the manager weekly.</p> <p>Infection control audit is carried out monthly.</p> <p>Decoration plan is in place. Daily mealtime checklists and Weekly Meal audits are being carried out and action plans put in place to address shortfalls. A monthly restrictive practice audit is being carried out.</p>	<p>In line with the notice.</p>
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Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	34.1	Ensure once only syringes are disposed of after use. This recommendation is carried forward from the previous inspection report.	One	All nurses have been instructed to ensure once only syringes are disposed of after use. Staff practices being monitored daily by the management team and action taken as required.	One month

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Nicola Scovell
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Logan N Logeswaran

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Heather Sleator	9/02/15
Further information requested from provider			