



Unannounced Follow Up Care Inspection Report 3 March 2020



Clifton Nursing Home

Type of Service: Nursing Home
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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.

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 100 patients.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager and date registered: Amanda Horne 27 June 2019
Person in charge at the time of inspection: Ildiko Tokes - deputy manager	Number of registered places: 100 A maximum of 40 patients in category NH-DE and a maximum of 4 patients in category NH-PH.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 83

4.0 Inspection summary

An unannounced care inspection took place on 3 March 2020 from 09.45 to 17.30.

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.

The following areas were examined during the inspection:

- staffing-including deployment
- training
- environment
- care records
- consultation/communication
- governance arrangements

Evidence of good practice was found in relation to staffing, teamwork, training, management of falls, the meals on offer, consultation with patients and communication.

Areas requiring improvement were identified in relation to infection prevention and control measures, the registration of care staff with the Northern Ireland Social Care Council (NISCC) and the recording of wound care.

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

Comments received from patients, people who visit them 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	*3	0

*The total number of areas for improvement includes one under the regulations which has been stated for a third and final time and two under the regulations which have been stated for the second time.

Details of the Quality Improvement Plan (QIP) were discussed with Amanda Horne, Manager, and Jill Campbell, Compliance Inspector, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 2 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 2 October 2019. 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

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

During our inspection we:

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

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 24 February to 8 March 2020
- staff registrations with the Nursing and Midwifery Council (NMC) and NISCC
- staff training records
- incidents and accidents records
- five patient care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- a sample of monthly monitoring reports from October 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 previous inspection

Areas for improvement from the last care inspection		
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 nursing staff carry out clinical and neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.	Met
	Action taken as confirmed during the inspection: Review of care records evidenced that clinical and neurological observations, as appropriate, were completed following a fall and that all such observations/actions taken post fall were appropriately recorded in the care records.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p> <p>Action taken as confirmed during the inspection: Review of the environment evidenced that not all of the infection prevention and control issues identified at the last inspection had been effectively managed and resolved.</p> <p>This area for improvement had not been met and will be stated for the second time.</p>	<p>Not met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (c) (ii)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there is a clear system in progress to monitor care staffs' registration with NISCC.</p> <p>Action taken as confirmed during the inspection: Review of the system in place to monitor care staffs' registration with NISCC evidenced that, whilst it had been reviewed, it did not record actions being taken to ensure registration was in progress.</p> <p>This area for improvement had been partially met and will be stated for the second time.</p>	<p>Partially met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that wound care management is in accordance with best practice guidance such as National Institute for Health and Care Excellence guidance.</p> <p>Action taken as confirmed during the inspection: Review of care records evidenced 'gaps' in recording of wound care and also that care records had not been updated to reflect when wounds were healed.</p> <p>This area for improvement had not been met and will be stated for the second time.</p>	<p>Not met</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: First time	The registered person shall ensure that audits are conducted to review patients' accessibility of pull cords in the home and an ongoing system is in place to monitor the accessibility of the pull cords.	Met
	Action taken as confirmed during the inspection: Review of records and the environment evidenced that the accessibility of pull cords had been monitored and action had been taken to ensure these were accessible.	
Area for improvement 2 Ref: Standard 12 Stated: First time	The registered person shall ensure that dining audits are conducted to include review of the quality of evening meals and the availability of cutlery.	Met
	Action taken as confirmed during the inspection: Review of records, observation of the dining experience and discussion with patients evidenced that this area for improvement had been met.	

6.2 Inspection findings

Staffing

We discussed the planned daily staffing levels for the home with the manager who confirmed that these were subject to at least monthly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

The majority of nursing and care staff spoken with were satisfied with staffing levels in the home and they all felt that teamwork was good; comments included:

- "Staffing levels are generally okay."
- "No floater some days, this can be very stressful."
- "I have faith in all the staff."
- "I love it here."
- "Teamwork has really improved, we are a family unit."
- "I enjoy working here."

Domestic staff spoken with told us that their department was short staffed. Comments made by staff were brought to the attention of the manager for information and action as required. The manager confirmed that recruitment was under way for a head housekeeper in the home.

We also sought staff opinion on staffing via the online survey; no responses were received.

Review of the system in place to monitor care staffs' registration with NISCC evidenced that, whilst it had been reviewed since the last inspection, it did not record actions being taken to ensure that registration was in progress. Monthly checks were carried out. This area for improvement had been partially met and will be stated for the second time.

Patients and patients' visitors spoken with told us that they were satisfied with staffing levels.

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires; no responses were received.

Training

Discussion with the manager and review of training records evidenced that there was a system in place to monitor staff compliance with training in deprivation of liberty safeguards (DoLS). The majority of staff had completed mandatory training in this area.

Staff spoken with during the inspection had completed DoLS training. The majority of staff spoken with demonstrated an awareness of DoLS and how they would ensure the appropriate safeguards were in place for those patients who required them.

Environment

We reviewed the home's environment and entered a selection of bedrooms, bathrooms, lounges, dining rooms, sluices and store rooms. We observed that infection prevention and control (IPC) issues identified at the last inspection had not been satisfactorily resolved in all areas of the home. Additional IPC issues were also identified. These IPC issues were immediately brought to the attention of the manager who ensured that action was taken during the inspection to successfully resolve some of the identified issues.

Following the inspection the manager provided RQIA with an action plan that had been developed and implemented in order to ensure the IPC issues were resolved within an agreed timeframe. However, as this area for improvement had not been met, it will be stated for a third and final time.

The manager told us that new armchairs had been ordered for the home. Patients' bedrooms were observed to be clean, tidy and personalised.

We noted that pull cords were accessible for patients; this area for improvement had been met.

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

Care records

We reviewed the care records for five patients and found these to contain a range of validated risk assessments which informed care planning for individual patients. There was evidence of referral to and recommendations from relevant health care professionals, such as the speech and language therapist (SALT), where required.

Review of care records for patients who had fallen evidenced that clinical and neurological observations, as appropriate, were completed following a fall and that all such observations/actions taken post fall were appropriately recorded in the care records; this area for improvement had been met.

However, review of care records for patients who had a wound evidenced 'gaps' in recording of wound care and also that care records had not been updated to reflect when wounds were healed. This area for improvement had not been met and will be stated for the second time.

Daily records and supplemental records reviewed were up to date and reflective of the recommendations of the individual patient's care plans.

Consultation/communication

We observed that patients were well presented in clean clothes and attention had been paid to all aspects of their personal care. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

Staff were seen to treat patients with dignity, respect and kindness. Staff also demonstrated effective communication skills with the patients in their care.

Patients spoken with commented positively about living in Clifton Nursing Home; they said:

- "The staff are awful good to me, I couldn't say a bad word."
- "The food is great, there's lots of it."

Patients' visitors also commented positively about the home; they said:

- "Amanda (the manager) is very approachable, she checks in with us."
- "No problems at all."
- "The staff are excellent, you can't fault them."

Review of dining audits and discussion with the chef confirmed that patients' opinions had been sought regarding the food on offer in the home. The chef told us that menus had been reviewed following consultation with patients and that these also reflected the modified options available.

We observed the serving of both lunch and the evening meal; the food on offer was well presented and smelled appetising. Staff were helpful and friendly; the atmosphere was relaxed and unhurried. Patients were offered a selection of food, drinks and condiments, there was sufficient cutlery. This area for improvement had been met.

We observed that, whilst staff helpfully explained to patients what food was available and offered them choice at the time of serving, the daily menu was not on display in the dining rooms. The four weekly menu was displayed in some areas but this was not a suitable format for the majority of patients. We brought this to the attention of the manager who told us that pictorial menus were available and should be on display; following the inspection the manager confirmed that staff had been reminded to update menus daily and that this will be monitored during the daily manager walk around.

Governance arrangements

Discussion with the manager and review of records confirmed that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home. Audits were completed to review areas such as accidents/incidents, wounds, falls and complaints. IPC audits were also completed but these had not been effective in ensuring that the identified deficits were resolved; we brought this to the attention of the manager for consideration and action as appropriate. The action plan submitted to RQIA identified the need for a daily walk around by the manager to monitor the environment, review of cleaning schedules and completion of weekly IPC audits as part of the agreed actions.

There was a system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff spoken with told us that the manager was approachable and that they felt supported in their role.

Areas for improvement

No additional areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Amanda Horne, Manager, and Jill Campbell, Compliance Inspector, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: Third and final time To be completed by: 17 March 2020	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p> <p>Ref: 6.1 and 6.2</p>
	<p>Response by registered person detailing the actions taken: Staff were brought in to do a deep clean of the home. A new cleaning schedule was introduced to minimise the risk of infection. An infection control audit is conducted of each unit to ensure a closer oversight of cleaning is maintained at all times.</p>
Area for improvement 3 Ref: Regulation 20 (1) (c) (ii) Stated: Second time To be completed by: 17 March 2020	<p>The registered person shall ensure that there is a clear system in progress to monitor care staffs' registration with NISCC.</p> <p>Ref: 6.1 and 6.2</p>
	<p>Response by registered person detailing the actions taken: A new system has been devised in the way of a traffic light system. This will alert the person checking the information when a renewal is coming up to be renewed or is out of date. The details turn Amber when the fees are over due to be paid and turns red to alert the manager that fees are expired.</p>
Area for improvement 4 Ref: Regulation 12 (1) (a) (b) Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that wound care management is in accordance with best practice guidance such as National Institute for Health and Care Excellence guidance.</p> <p>Ref: 6.1 and 6.2</p>
	<p>Response by registered person detailing the actions taken: A more robust system has been introduced by the way of a tracker. Photos of the wound is taken weekly, TVN is kept updated and any information documented and care plans updated accordingly.</p>

Please ensure this document is completed in full and returned via Web Portal



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