



Unannounced Follow Up Care Inspection Report 24 August 2018



Clifton Nursing Home

Type of Service: Nursing Home (NH)

**Address: 2a Hopewell Avenue, Carlisle Circus, Belfast,
BT13 1DR**

Tel No: 028 9032 4286

Inspectors: Kieran McCormick & Lyn Buckley

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 provider 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 nursing home registered to provide nursing care for up to 100 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager: See box below
Person in charge at the time of inspection: Elizabeth Fiona Cook - Manager	Date manager registered: Elizabeth Fiona Cook – registration pending
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 registered places: 100 A maximum of 40 patients in category NH-DE and a maximum of 4 patients in category NH-PH.

4.0 Inspection summary

An unannounced inspection took place on 24 August 2018 from 09.40 to 13.10 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 Care Standards for Nursing Homes 2015.

It is not the remit of RQIA to investigate complaints/whistleblowing/adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

RQIA received information on 23 August 2018 from the Belfast Health and Social Care Trust (BHSCCT) regarding certain aspects of patient care within the Benn and Toby Hurst Suites. Following review of this information and discussion with RQIA senior management the decision was made to undertake an unannounced inspection of the home to review the concerns raised by the Trust.

The following areas were examined during the inspection:

- staffing
- bowel management
- moving and handling of patients.

We also reviewed a number of the areas for improvement identified during the last care inspection. Areas for improvement not reviewed were carried forward for review during the next care inspection.

A further inspection will be undertaken to validate sustained compliance and drive necessary improvements.

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	*2	*6

This inspection resulted in no areas for improvement being identified. However, the total number of areas for improvement includes two regulations and six standards which were carried forward for review at the next care inspection.

Findings of the inspection were discussed with Elizabeth Fiona Cook, manager, Gavin O'Hare-Connolly, responsible individual and Rosemary Dilworth, regional operations director, 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 28 & 29 June 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 28 and 29 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 and 29 June 2018.

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
- the registration status of the home
- 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 inspections
- the previous care inspection reports
- pre-inspection audit.

During the inspection the inspectors spoke with two patients individually and with others in small groups; and 14 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager

with 'Have we missed you cards' which were then 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.

At the time of writing this report two responses to questionnaires, left in the home for patients and their representatives, had been received by RQIA. In one questionnaire the person identified as a relative indicated that they were very unsatisfied across the four domains of safe, effective, compassionate and well led care. In the second questionnaire, again from a person identified as a relative, they indicated that they were very satisfied across the four domains.

Any comments from patients, patient representatives and staff in returned questionnaires received before or after the return date were shared with the manager for their information and action as required.

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

The following records were examined during the inspection:

- five patient care records
- sample of patient care charts including bowel management records
- RQIA registration certificate.

Some areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met. Other areas for improvement were not reviewed as part of this inspection and were carried forward to the next care inspection.

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 28 & 29 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. We reviewed the QIP during this inspection but due to the inspection focus not all areas were validated. Areas for improvement not reviewed were carried forward for review during the next care inspection. Refer to the next section for details.

6.2 Review of areas for improvement from the last care inspection dated 28 & 29 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
Area for improvement 1 Ref: Regulation 20 (1)(a) Stated: First time	<p>The registered person shall ensure that at all times the staffing provision in the home is sufficient to meet the individual assessed needs and actual dependency of all patients.</p> <p>Ancillary staffing provision must also be sufficient to meet the environmental and cleanliness standards required for the environment/service.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the manager and review of staffing on the day of inspection evidenced no concerns in relation to staffing provision. The manager provided a comprehensive overview of the ongoing staff recruitment programme.</p>	
Area for improvement 2 Ref: Regulation 30 Stated: First time	<p>The registered person shall ensure that notifiable events are reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005</p>	Carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection due to the timing of the inspection, and this will be carried forward to the next care inspection.</p>	
Area for improvement 3 Ref: Regulation 27 (4) Stated: First time	<p>The registered provider must ensure that designated fire doors are not wedged or propped open, in accordance with fire safety regulations and best practice.</p> <p>If a door is to be 'held open' a device fitted that is linked to the fire alarm system should be</p>	

	<p>installed in consultation with the home's fire risk assessor and, if required, the home's fire risk assessment is reviewed and updated.</p>	Met
	<p>Action taken as confirmed during the inspection: On the day of inspection there were no fire doors observed to have been wedged open. Previously obstructed fire doors were noted to be obstruction free with a working 'dorgard' in place.</p>	
<p>Area for improvement 4 Ref: Regulation 18 (2) Stated: First time</p>	<p>The registered person shall ensure that a sufficient supply of cleaning products, materials and equipment is available at all times to meet the environmental, cleanliness and infection prevent and control needs of the home.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with ancillary staff and review of stock/supplies evidenced that sufficient cleaning equipment and supplies were available to meet the needs of the home.</p>	
<p>Area for improvement 5 Ref: Regulation 12 (2) (a)(b) Stated: First time</p>	<p>The registered person shall ensure that governance arrangements are established to ensure ongoing compliance with the prescribed settings for individual patients who require the use of a pressure relieving mattress.</p>	Carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection due to the timing of the inspection, and this will be carried forward to the next care inspection.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 4 Stated: Second time</p>	<p>The registered person shall ensure that the management of hydration is in accordance with professional guidelines. The desired daily fluid target is calculated using a validated and current tool. Care plans should evidence the action to be taken should the desired daily fluid target not be attained. The progress</p>	Carried

	<p>record should reflect the outcome of any action taken regarding the management of hydration.</p>	forward to the next care inspection
	<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection due to the timing of the inspection, and this will be carried forward to the next care inspection.</p>	
<p>Area for improvement 2 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure that patients care plans are updated to reflect the advice and guidance provided by any external visiting professionals.</p>	Carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection due to the timing of the inspection, and this will be carried forward to the next care inspection.</p>	
<p>Area for improvement 3 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure that patients individual nursing risk assessments are consistently reviewed in accordance with the policies and procedures of the organisation.</p>	Carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection due to the timing of the inspection, and this will be carried forward to the next care inspection.</p>	
<p>Area for improvement 4 Ref: Standard 4 Stated: First time</p>	<p>The registered person shall ensure that a robust and person centred care plan is devised for those patients with a dementia diagnosis and presentation of behaviours that challenge.</p>	Carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection due to the timing of the inspection, and this will be carried forward to the next care</p>	

	inspection.	
Area for improvement 5 Ref: Standard 6 Stated: First time	The registered person shall ensure that net pants, stockings, socks and tights are provided for each patient's individual use and not used communally.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection due to the timing of the inspection, and this will be carried forward to the next care inspection.	
Area for improvement 6 Ref: Standard 35 Stated: First time	The registered person shall ensure that existing auditing arrangements are further developed to ensure the completion of an action plan, where relevant, post audit and subsequently followed up at the next audit.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection due to the timing of the inspection, and this will be carried forward to the next care inspection.	

6.3 Inspection findings

6.3.1 Staffing

Observation of the delivery of care on the day of inspection in the Benn and Toby Hurst Suites evidenced that patients' needs were met by the levels and skill mix of staff on duty. Staff were observed to attend to patients needs in a timely and caring manner.

Patients were observed in one of the lounges or in their bedroom, as was their personal preference. Staff who met with the inspectors 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.

Areas of good practice

Staffing on the day of inspection was observed to be meeting the needs of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

6.3.2 Bowel Management

Review of five patients' care records evidenced that care plans were in place to direct the care required for the bowel management of each patient. Care plans were person centred and individualised regarding the particular bowel patterns/habits and the management of potential constipation. Supplementary care charts for bowel management evidenced that contemporaneous records were maintained for each patient. Nursing staff clearly demonstrated the governance systems in place to enable them to monitor and evaluate the care delivered in relation to bowel management. The inspectors provided some suggestions to the management team regarding the further development of patient care plans such as including details of prescribed medications for bowel management.

An approved assessment tool for the management of continence was also noted to have been completed and in place where required. The home management were reminded to ensure that the review of such assessments is completed in a consistent time scale or as the needs of the patient dictate.

Areas of good practice

There was evidence of good practice in relation to the bowel management care of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

6.3.2 Moving and handling of patients

Review of five patient care records evidenced that care plans reflected the assessed needs of the patients in regards to moving and handling and in each case provided detail that was specific to each patients' individual assessed needs.

We observed moving and handling practice and spoke with the staff involved. Staff were able to clearly describe best practice and safe use of moving and handling equipment such as hoists and slings. Staff knew how to choose and apply the correct sling required for each patient.

Staff also discussed how they recognised the changing needs of the patients in their care and how they would appropriately and safely adapt their approach to patients' changing needs. For example, one type of hoist/sling may be suitable for a patient in the morning but a different hoist/sling may be required in the evening due to the patient being too tired to fully weight bear.

Staff appeared flexible and reactive to patients individual needs, it was suggested to the management team that this could be further explored within individual patients moving and handling care plans.

The inspectors provided some suggestions to the management team regarding the further development of patient care plans to include the potential change of hoist/sling types were appropriate.

Areas of good practice

There was evidence of good practice in relation to the safe moving and handling of patients.

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 new areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: Immediate action required	The registered person shall ensure that notifiable events are reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Regulation 12 (2) (a)(b) Stated: First time To be completed by: Immediate action required	The registered person shall ensure that governance arrangements are established to ensure ongoing compliance with the prescribed settings for individual patients who require the use of a pressure relieving mattress. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the management of hydration is in accordance with professional guidelines. The desired daily fluid target is calculated using a validated and current tool. Care plans should evidence the action to be taken should the desired daily fluid target not be attained. The progress record should reflect the outcome of any action taken regarding the management of hydration.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that patients care plans are updated to reflect the advice and guidance provided by any external visiting professionals.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that patients individual nursing risk assessments are consistently reviewed in accordance with the policies and procedures of the organisation.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that a robust and person centred care plan is devised for those patients with a dementia diagnosis and presentation of behaviours that challenge.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that net pants, stockings, socks and tights are provided for each patient's individual use and not used communally.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Immediate action required</p>	
<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that existing auditing arrangements are further developed to ensure the completion of an action plan, where relevant, post audit and subsequently followed up at the next audit.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

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