



Unannounced Care Inspection Report 30 January 2019



Clifton Nursing Home

Type of Service: Nursing Home (NH)
**Address: 2a Hopewell Avenue, Carlisle Circus,
Belfast, BT13 1DR**
Tel No: 028 9032 4286
Inspector: Kieran McCormick

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 100 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual(s): Gavin O'Hare-Connolly	Registered Manager: Samuel Warren – acting manager
Person in charge at the time of inspection: Samuel Warren – acting manager Amanda Horne – manager	Date manager registered: Application for registration of both Samuel Warren and Amanda Home are being processed.
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 30 January 2019 from 12.50 to 18.15 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.

Clifton Nursing Home is currently registered as one large nursing home. Applications have been received from Runwood Homes Ltd to change this home into two smaller homes. These applications are being processed by RQIA at present. The change in registration will provide two separate registered nursing homes; one manager will support the care of patients with dementia and one manager for frail elderly patients. There will be two separate managers and both will be registered with RQIA. It is anticipated that this change will have a positive impact on the quality of service delivery for patients living in Clifton Nursing Home.

This inspection sought to assess progress with issues raised at a previous care inspection on the 28 and 29 June 2018.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to completion of Regulation 29 reports, staffing, patient areas were found to be warm and comfortable, the meal time experience and provision of food.

Areas for improvement

Areas for improvement identified during the inspection generally focus on the governance of the home and include the recording of complaints, ensuring that stairwells are clutter free, facilities for disposal of waste and availability of cleaning products and consumables.

An action plan was submitted by Runwood Homes Ltd post inspection to advise and confirm that the required actions have been appropriately managed.

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	*4	*3

*The total number of areas for improvement includes one under regulation which has been stated for a second and three under the standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Samuel Warren, acting manager, Amanda Horne, manager and Caron McKay, regional operations director, 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 22 November 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 22 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the registration status of the home
- the returned QIP from the previous care inspection
- the previous care inspection reports
- pre-inspection audit

During the inspection we met with ten patients and 13 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. We 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. A poster informing visitors to the home that an inspection was being conducted was displayed in the front foyer area of the nursing home.

The following records were examined during the inspection:

- duty rota for all staff for weeks beginning 20 and 27 January 2019
- incident and accident records
- a sample of governance audits
- complaints records
- RQIA registration certificate
- certificate of employer's liability insurance
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- four patient care records
- minutes of the last relatives meeting
- completed orders for domestic cleaning products and consumables

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 November 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 24 August 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 30 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of records from November 2018 provided assurances that notifiable events had been appropriately reported to RQIA in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.	
Area for improvement 2 Ref: Regulation 12 (2) (a)(b) Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: Discussion with nursing and care staff on the Toby Hurst and Donegal suites confirmed that governance arrangements for the management of pressure relieving equipment had not been established. This area for improvement has not been met and will be stated for a second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	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	Met

	<p>regarding the management of hydration.</p> <p>Action taken as confirmed during the inspection: Review of care records for three patients in receipt of fluid management care evidenced a robust system in place for the assessment, monitoring, governance and oversight of patient fluid intake by registered nursing staff.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>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> <p>Action taken as confirmed during the inspection: Review of care records for an identified patient in receipt of wound care, evidenced that the patients care plans had been updated to reflect the advice and guidance provided by the tissue viability nurse (TVN).</p>	Met
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>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> <p>Review of care records for three patients evidenced that risk assessments had not been consistently reviewed on a monthly basis with review gaps of up to two and three months.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>	Not met
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>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> <p>Action taken as confirmed during the inspection: Care records reviewed for an identified patient with a dementia diagnosis and requiring behavioural intervention evidenced a detailed and individualised care plan in place to support the management of the patient's behaviour.</p>	Met

<p>Area for improvement 5</p> <p>Ref: Standard 6</p> <p>Stated: First time</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>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observations in the laundry area and linen stores in the Toby Hurst and Donegal suites evidenced that 'net pants' and socks had been laundered and had the potential to be used communally in the home.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</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>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of a sample of audits from October 2018 for the Toby Hurst and Donegal suites, evidenced that despite issues having been identified an action plan and/or evidence of address had not been consistently completed. There was also inconsistent evidence that audits were reviewed as part of subsequent audits.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>		

6.3 Inspection findings

6.3.1 Registration

The certificate of registration issued by RQIA was appropriately displayed in the home. The manager was knowledgeable in regards to the registered categories of care for the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. Since the last inspection there has been a further change of management arrangements for the home, Amanda Horne has submitted an application for registration with RQIA.

6.3.2 Patient experience

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, storage areas and dining rooms. Observation of the laundry area and linen store rooms in the Toby Hurst and Donegal suites evidenced that 'net pants' and socks had been laundered and had the potential to be used communally. This issue was discussed at a previous care inspection and an area for improvement under the standards has been stated for a second time following this inspection. Assurances were provided at feedback that this practice would cease immediately.

Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. We observed that access and egress of the frail elderly in the Toby Hurst and Donegal suites was controlled by use of a key code. The code was not displayed for patient or visitor use, this was discussed with the manager for their urgent attention.

Review of records evidenced that recent relatives meetings had been held, records evidenced minutes of the meeting and those in attendance.

At the time of writing this report, there was one questionnaire returned from a relative/patients representative and six from an unknown source. Responses from all questionnaires indicate a response of being very satisfied across the four domains of safe, effective, compassionate and well led care. Comments recorded on returned questionnaires included:

"...fantastic team."

"...very satisfied."

"...day staffing appears to be fine but night staffing seems less adequate. Clothes go missing and there seems to be less staff and less management at night."

"...I am concerned regarding staff turnover, continuity of care is impacted by change of staff or agency. Manager turnover is a concern."

The proposed restructuring of Clifton Nursing Home into two separate smaller registrations with two separate managers is anticipated to have a positive effect on service delivery and manager retention.

6.3.3 Staffing and patient care

A review of the staff duty rota for weeks beginning 20 and 27 January 2019 evidenced that the planned staffing levels remained consistent. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Observations throughout in the Toby Hurst and Donegal suites identified a high number of patients being nursed in bed; we were not assured of the rationale of this for each patient, this matter was not observed to be an issue for the Benn suite. The manager agreed to ensure that a review of each patient was carried out as a matter of urgency.

6.3.4 Environment and infection prevent and control

The home was fresh smelling and generally tidy throughout however we observed a number of stairwells in the Toby Hurst and Donegal suites contained inappropriate storage of items. It is essential that stairwells are kept clear to facilitate evacuation in emergency if required. We also noted the wedging of kitchenette doors throughout all suites in the home. This makes the fire door to the kitchenette ineffective and could enable a spread of fire should one occur. These matters were discussed with the manager for their urgent attention and an area for improvement under the regulations was made. Assurances were provided that these areas would be appropriately actioned immediately.

We identified a lack of household and clinical waste bins throughout the home. We also recognised that whilst there were sufficient cleaning products to manage the day to day needs of the home the sufficiency of supply may not be enough to manage any infection outbreak should it occur. The regional manager gave an assurance that this matter would be actioned and additional emergency supplies maintained.

6.3.5 Care records

The review of care records for fluid management, wound care and dementia care were evidenced to be well maintained. However registered nursing staff must be vigilant to ensure that the nursing risk assessments maintained on each patient are updated regularly in accordance with the policy and procedure of the organisation. This matter was stated previously and is not yet fully complied with and has therefore been stated for a second time.

We reviewed care records for an identified patient requiring use of a pressure relieving mattress. The patients care plan did not reflect the required setting needed for the patient. Discussion with nursing and care staff confirmed that governance arrangements for the management of pressure relieving equipment had not been established. This matter was stated previously and is not yet fully complied with and has therefore been stated for a second time.

6.3.6 Governance

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. A new regional manager has commenced post in Runwood Homes Ltd in recent weeks. It was reassuring that Ms McKay attended the home as part of the inspection process and was available for feedback.

Review of governance arrangements for the Toby Hurst and Donegal suites, particularly systems for auditing, evidenced that despite issues having been identified; an action plan and/or evidence of address had not been consistently completed. There was also inconsistent evidence that audits were reviewed as part of subsequent audits. Improvements in the governance arrangements had been noted though for the Benn suite. It is appreciated that with new senior management personnel now in post that this vital area in governance will come under scrutiny for the whole home. This area for improvement has therefore been stated for a second time.

As an additional measure to drive improvements RQIA requested that Clifton Nursing Home submit a copy of their monitoring report, completed monthly in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. This should be submitted within 5 working days of each new month and the submission must continue until further notice.

6.3.7 Provision of food and the mealtime experience

We reviewed the provision of food and the mealtime experience. Discussions with staff, observation and review of records evidenced an ample supply of food products available in store rooms and fridges/freezers. A robust system for the ordering of food was in place, daily records of food choice were maintained, the rotational menu had been adhered to and food served appeared appetising. There were options available for those patients requiring a modified diet. The manager was reminded to ensure that the menu was displayed in an appropriate format in accordance with the standards.

We observed the meal delivery in the Toby Hurst and Donegal suites. The dining rooms were well presented, warm and inviting. There were appropriate condiments on the tables and a choice of drinks served with the meal. Staff were observed to assist the patients in a dignified and respectful manner throughout the meal.

6.3.8 Complaints handling

Review of the home's complaints records for the Toby Hurst and Donegal suites from November 2018 did not provide evidence that systems were in place to ensure that complaints had been appropriately managed and recorded in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015, an area for improvement under the regulations was made.

Staff were asked to complete an online survey; we had no completed responses within the timescale specified.

	Regulations	Standards
Total number of areas for improvement	3	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 Samuel Warren, manager, Amanda Horne, manager and Caron McKay, regional operations director, 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 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

<p>Area for improvement 1</p> <p>Ref: Regulation 12 (2) (a)(b)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</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> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Monthly Audit now completed by managers of all units units. Care plans reflect the pressure relieving mattress used- where the mattress is manual adjustment according to weight- this again is reflected in care plans.</p> <p>There is also information at the bottom of each residents bed if they are using pressure relieving mattress to advise staff of which setting they should use if mattress is manual setting.</p> <p>Manager monitors this minimum monthly during audit.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 18.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that a sufficient supply of household and clinical waste bins is available throughout the home.</p> <p>Ref: 6.3.4</p> <p>Response by registered person detailing the actions taken: Household and clinical waste bins have been sourced and are in situ.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the stairwells are maintained clutter free and kitchenette doors are never wedged open.</p> <p>Ref: 6.3.4</p> <p>Response by registered person detailing the actions taken: Keypad entry locks have been fitted on kitchenette doors in Dementia Unit.</p> <p>Doors are checked several times daily on managers walkabout-discussed in staff meeting with staff and recorded in minutes to reinforce same.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 24</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that an established system and process is in place for the receiving, management and response to complaints. Records of complaints handled should be contemporaneously maintained.</p> <p>Ref: 6.3.8</p> <hr/> <p>Response by registered person detailing the actions taken: Complaints log in place, manages check complaints daily with nurse in charge during flash meetings and daily walkabouts.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</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>Ref: 6.2 & 6.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: Both laundry and stores in units are checked daily by manager to ensure this does not happen. Discussed in staff meeting and laundry staff have been advised in any net pants stockings, socks and tights come to laundry unlabelled they are to be disposed of.</p> <p>Net laundry bags have been purchased, labelled with room numbers and put in place address this.</p>
<p>Area for improvement 2</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 patients individual nursing risk assessments are consistently reviewed in accordance with the policies and procedures of the organisation.</p> <p>Ref: 6.2 & 6.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: Review of all care plans/risk assessments has been completed. Resident of the day has been introduced across all units to ensure timely review of risk assessments minimum monthly or as and when required.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: Second 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> <p>Ref: 6.2 & 6.3.6</p>
	<p>Response by registered person detailing the actions taken: Full audit schedule is now in place- with oversight and sign off minimum monthly by Regional Operations Director and appropriate actions allocated and signed off within assigned times frames.</p>

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



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