



# Unannounced Enforcement Compliance Inspection Report 3 June 2020



## Clifton Nursing Home

**Type of Service: Nursing Home**

**Address: 2a Hopewell Avenue, Carlisle Circus,  
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**Inspectors: Gillian Dowds and Joanne Faulkner**

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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 is registered to provide nursing care for up to 100 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual:</b> Gavin O'Hare-Connolly	<b>Registered Manager and date registered:</b> Amanda Horne 27 June 2019
<b>Person in charge at the time of inspection:</b> Dana Patterson, Acting Manager	<b>Number of registered places:</b> 100  A maximum of 40 patients in category NH-DE and a maximum of 4 patients in category NH-PH.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 56

### 4.0 Inspection summary

An unannounced enforcement compliance inspection took place on 3 June 2020 from 11.30 to 18.30 hours.

The inspection sought to assess the level of compliance achieved in relation to a Failure to Comply (FTC) Notice issued to the Responsible Individual (RI) on 20 May 2020; **FTC Reference: FTC000095**. The date of compliance with the FTC notice was 3 June 2020.

During this inspection, there was evidence that a number of improvements had been made to address the required actions. However, sufficient evidence was not available to validate full compliance with FTC Notice. RQIA considered the information and decided to extend the compliance date of the FTC notice issued on 20 May 2020. Compliance is required to be achieved by 24 June 2020. A number of further areas for improvement were identified and are included in a Quality Improvement Plan (QIP).

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
<b>Total number of areas for improvement</b>	*7	*1

These areas for improvement include six regulations and one standard carried forward from the previous inspection on 15 and 21 May 2020.

Areas for improvement and details of the QIP were discussed with Gavin O'Hare-Connolly, Responsible Individual, and a Senior Manager from Health Care Ireland (HCI), as part of the inspection process. The timescales for completion commence from the date of inspection.

Ongoing enforcement action resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

## 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
- the FTC notice: FTC000095.

During the inspection we met with the RI, the acting manager, senior managers from HCI, three patients, three staff, and representatives from the Belfast Health and Social Care Trust (BHSCT). Due to visiting restrictions in place with regards to Coronavirus (COVID 19) no patients' visitors/representatives were available to speak with.

The following records were examined during the inspection:

- duty rota for 24 May 2020 to 13 June 2020
- staff training records with specific regards to Personal Protection Equipment (PPE)/Infection Prevention and Control (IPC) training
- IPC audits
- hand hygiene audits
- quality monitoring report for May 2020
- action plan relating to IPC audits completed by the BHSCT
- cleaning schedules
- environmental audits completed by senior staff in the home.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the RI, a HCI senior manager and their representatives at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 15 & 21 May 2020

This inspection focused solely on assessing compliance with the required actions outlined within the FTC issued on 20 May 2020. Areas for improvement from the last care inspection on 15 and 21 May 2020 were not reviewed as part of the inspection and are carried forward to the next care inspection. The QIP in Section 7.2 reflects the carried forward areas for improvement.

## 6.2 Inspection findings

The inspection focussed on the action detailed within the FTC notice issued on 20 May 2020.

FTC Ref: FTC000095

The Nursing Homes Regulations (Northern Ireland) 2005

**Registered Person: general requirements**

**Regulation 10.— (1)** *The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.*

**Action required to comply with regulations:**

The registered person must ensure that:

- there is a manager on site who carries on and manages the nursing home with sufficient care, competence and skill
- there is a clear and robust management and leadership structure within the home
- all grades of staff understand their role and function within the organisational structure and to whom they escalate concerns about patient care and staff practice
- the home's environment is managed to reduce risks to patients' health and wellbeing
- robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff
- there are effective systems in place to monitor staff compliance with good infection prevention and control practices
- all staff working in the home are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the home
- quality monitoring reports are completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- the completed quality monitoring reports should be forwarded to RQIA by the fourth day of each month.

Although improvement was noted, evidence was not available to validate full compliance with the FTC notice.

During the inspection it was identified that senior staff from Runwood Homes Ltd and HCI were present in the home. A temporary, acting manager employed by Runwood Homes Ltd was in place with regards to overseeing the day to day management of the home. A new manager has been appointed by HCI and is due to commence employment at the home on 4 June 2020.

There was evidence that the management structure within the home was currently being reviewed. A number of staff on duty demonstrated that they had knowledge of the new management arrangements and the process for raising concerns. However, it was identified that further engagement was required by the new management team with all staff groups. Discussions with staff indicated that they relied heavily on the support from the deputy unit managers.

Whilst there was evidence that a large number of improvements had been made with regards to the environment and IPC issues, the process remained ongoing. In addition, there was evidence that the management team from HCI were in the process of addressing the matters highlighted by the recent IPC audit completed by the BHSCT. A further meeting with the BHSCT was arranged for 4 June 2020 to review the progress to date.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE and the handwashing technique had been provided at various key areas throughout the home. It was identified that hand hygiene audits had been completed in each of the units. There was evidence that a number of staff had completed further training with regards to IPC; this was facilitated by staff from the BHSCT.

Cleaning schedules detailing the specific tasks required to be completed by domestic staff on each shift had recently been introduced. A further period of time was required to ensure that the schedules were embedded into practice.

The majority of staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. We observed staff cleaning touch points in various areas throughout the home.

It was identified that IPC/environmental and daily walkabout audits had been completed. However, it was identified that audit records were required to be further developed to include more specific details of the matters reviewed, the actions required and the person responsible for completing the action. The HCI management team stated that they were in the process of introducing a number of new systems for auditing which would include IPC, environmental and cleaning audit tools. In addition, it was noted that the current management team are in the process of reviewing and determining the roles and responsibilities of the housekeeping staff.

The most recent quality monitoring report was reviewed during the inspection and was forwarded to RQIA on 3 June 2010 as required. It was identified that the report needed to be enhanced to provide a more detailed account of the matters reviewed and actions required.

## Additional areas inspected

We observed that in one of the units within the home moving and handling equipment was stored close to a fire exit; this was discussed with the person in charge and removed immediately.

## Areas for improvement

One additional area for improvement was identified with regards to the storage of moving and handling equipment when not in use.

	Regulations	Standards
Number of areas for improvement	1	0

### 6.3 Conclusion

Evidence was not available to validate full compliance with the FTC notice. However, there was evidence of improvements in relation to the required actions detailed within the notice. Following the inspection, RQIA senior management held a meeting on 4 June 2020 and a decision was made to extend the FTC notice with the compliance date of 24 June 2020.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Also included in the QIP are areas for improvement carried forward from the last care inspection on 15 and 21 May 2020. Details of the QIP were discussed with Gavin O'Hare- Connolly, Responsible Individual and a Senior Manager from HCI 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**

Areas for improvement were identified at the previous inspection and the report of this inspection will be issued in the required timescales to enable the Provider to respond.

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.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (1)(c) (ii)  <b>Stated:</b> Second time  <b>To be completed by:</b> 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><b>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.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 12 (1)(a)(b)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	<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><b>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.</b></p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27 (4)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that kitchen doors are not propped open to ensure the safety and wellbeing of patients in the home.</p> <p><b>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.</b></p>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 14 (2)(a)(c)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected at all times from hazards to their health.</p> <p><b>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.</b></p>

<p><b>Area for improvement 5</b></p> <p>Ref: Regulation 12 (1)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure there is adequate equipment available for staff to complete nursing tasks/observations.</p> <hr/> <p><b>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.</b></p>
<p><b>Area for improvement 6</b></p> <p>Ref: Regulation 14 (2)(a)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>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.</p> <hr/> <p><b>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.</b></p>
<p><b>Area for improvement 7</b></p> <p>Ref: Regulation 37(4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure fire exits are kept clear and free from obstruction, this is in reference to the storage of moving and handling equipment when not in use.</p> <p>Ref: 6.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> RN and CA have been given clear instruction to ensure that fire exits are kept clear of any obstruction. Moving and Handling equipment when not in use is to be stored in designated area.</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure any fluid thickeners kept in the home are appropriately stored in a secure place.</p> <hr/> <p><b>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.</b></p>

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



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