



The Regulation and
Quality Improvement
Authority

Clifton Nursing Home
RQIA ID: 1073
2a Hopewell Avenue
Belfast
BT13 1DR

Inspectors: Jackie Callan
Heather Sleator
Inspection ID: IN022770

Tel: 028 9032 4286

Email: manager.clifton@runwoodhomes.co.uk

**Announced Enforcement Compliance Inspection
of
Clifton Nursing Home**

05 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An enforcement compliance monitoring inspection took place on 05 May 2015 from 10.00 to 17.00.

The purpose of the inspection was to assess the level of compliance achieved by the home with the two failure to comply notices issued on 22 December 2014. The areas for improvement and compliance with regulation were in relation to restrictive practice (FTC/NH/1073/2014-15/01) and the governance and the management/leadership arrangements (FTC/NH/1073/2014-15/03) of the home.

Enforcement compliance monitoring inspections were undertaken on 23 February 2015 and 25 March 2015. Compliance with failure to comply notice FTC/NH/1073/2014-15/02 in respect of nutrition, hydration and the dining experience for patients was attained at the inspection of 23 February 2015. Compliance was not attained with the two remaining failure to comply notices FTC/NH/1073/2014-15/01 re: restrictive practice and FTC/NH/1073/2014-15/03 re: governance and management/leadership arrangements in the home.

With regard to FTC/NH/1073/2014-15/01 and FTC/NH/1073/2014-15/03 the date of compliance was extended for a further 30 days, in accordance with RQIA's enforcement policy.

Evidence was not available at the inspection of 25 March 2015 to validate compliance with the two failure to comply notices. Further information is detailed in section 1.1 of the report.

Summary of the inspection findings in respect of the two failure to comply notices

FTC Ref: FTC/NH/1073/2014-15/01

Evidence was available to confirm that any restrictive practice used in the home was used in accordance with regional and best practice guidelines. Inspectors were satisfied that full compliance had been achieved with the above failure to comply notice.

FTC Ref: FTC/NH/1073/2014-15/03

Evidence was available to validate governance arrangements including a more systematic approach to reviewing the quality of services had been implemented. Inspectors were satisfied that full compliance had been achieved with the above failure to comply notice.

1.1 Actions/Enforcement Taken Following the Last Care 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 Care Standards for Nursing Homes 2015. The lack of compliance had impacted on the overall management and governance arrangements, the quality of care and service delivery to patients in the home.

Mr Logan Logeswaren, responsible individual Runwood Homes Ltd attended a meeting in RQIA on 2 April 2015, to discuss the findings of the inspection. Mr Logeswaren was accompanied by members of the senior management team of Runwood Homes Ltd.

Following the meeting RQIA issued a notice of proposal, the intention to impose the following conditions to the registration of Clifton Nursing Home:

1. Admissions to Clifton Nursing Home will cease until compliance with the specific actions stated in FTC/NH/1073/2014-15/01 and FTC/NH/1073/2014-15/03 dated 22 December 2014 have been fully met.
2. The registered provider must ensure that a nurse manager, with sufficient clinical and management experience, is working in the home on a day to day basis to ensure the quality and safety of care practice and service delivery to patients.

The conditions will remain on the registration of the home until such times as full compliance with the failure to comply notices of 22 December 2014 is attained.

1.2 Actions/Enforcement Resulting from this Inspection

FTC Ref: FTC/NH/1073/2014-15/01

As indicated above, evidence was available to validate full compliance with the above failure to comply notice.

FTC Ref: FTC/NH/1073/2014-15/03

As indicated above, evidence was available to validate full compliance with the above failure to comply notice.

Following the inspection a meeting with senior management within RQIA considered the findings of the inspection and level of compliance attained.

The review of the inspection findings confirmed that compliance with the actions of the failure to comply notices had been achieved. Therefore RQIA did not proceed with the proposal of decision to impose conditions on the registration of Clifton Nursing Home.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

The details of the Quality Improvement Plan (QIP) within this report were discussed with Raden Mauremootoo, Director of Service Development, Runwood Homes Ltd and Nicola Scovell, home manager

2. Service Details

Registered Organisation/Registered Person: Runwood Homes Ltd Mr Logan Logeswaren	Registered Manager: Nicola Scovell
Person in Charge of the Home at the Time of Inspection: Nicola Scovell	Date Manager Registered: Nicola Scovell – application not yet submitted
Categories of Care: NH-DE, NH-I, NH-PH	Number of Registered Places: 100
Number of Patients Accommodated on Day of Inspection: 80	Weekly Tariff at Time of Inspection: £593 - £637 per week

3. Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the two failure to comply notices issued on 22 December 2014.

FTC Ref: FTC/NH/1073/2014-15/01: A breach of Regulation 12 (1) (a) and (b) in relation to restrictive practice.

FTC Ref: FTC/NH/1073/2014-15/03: A breach of Regulation 13 (1) (a) and (b) in relation to governance and management/leadership arrangements in the home.

4. Methods/Process

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

- discussion with Raden Mauremootoo Director of Service Development, Runwood Homes Ltd
- discussion with the Nicola Scovell, home manager
- discussion with staff
- discussion with patients individually and to others in groups
- discussion with a visiting relative
- review of a sample of staff training records
- review of a sample of staff duty rotas
- review of a eight care records
- review of policy documentation
- observation during a tour of the premises
- evaluation and feedback

5. The Inspection

FTC Ref: FTC/NH/1073/2014-15/01

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 12 (1) (a) and (b)

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 –

- (a) meet his individual needs;
- (b) reflect current best practice;

The review of eight patients' care records evidenced that the assessment and planning of care in respect of restrictive practice was in accordance with best practice guidance. Improvement in care planning in respect of restrictive practice was evidenced in the care records reviewed and through discussion with staff. There was a consistent approach in the home of identifying risk and accompanying care plans were present. However, risk assessments did not clearly evidence the rationale for the use of restrictive practice. The care plans reviewed evidenced the involvement/consultation of the multidisciplinary team and the patient/representative. An area for improvement was identified through the review of care records. Whilst assessment and care planning was in evidence the evaluation of the care plan did not, in all cases, identify the continued need for the restrictive practice. The evaluation of the care plan should confirm if the continued use of restrictive practice was warranted, or not. A recommendation has been made.

The review of staff training records evidenced that 18 of 19 registered nurses had completed training in respect of the use of restrictive practice on 30 March 2015 and 24 April 2015. The review of the content of the training delivered evidenced that the training took account of Northern Ireland legislation and regional best practice/professional guidance. Discussion with five registered nurses confirmed the training had been beneficial regarding staffs' knowledge and practice. For example, there was a reduction in the use of sensor mats and bedrails. Staff confirmed restrictive practice is only used following the assessment, planning review and evaluation, discussion with the multidisciplinary team and the patient and/or their representative.

The review of eight care records evidenced assessment and care planning was in accordance with best practice guidelines. Discussion with staff evidenced and improvement of their knowledge regarding the care planning process and care records evidenced risk had been identified and a corresponding care plan was in place.

The home's revised policy on restrictive practice was reviewed. The policy referenced the legislation; nursing homes care standards, professional standards and the deprivation of liberty safeguards. A recommendation has been made to ensure management implement a system whereby they can confirm staff have read the revised policy.

Evidence was available to validate full compliance with the above failure to comply notice.

FTC Ref: FTC/NH/1073/2014-15/03

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 13 (1) (a) and (b)

The registered person shall ensure that the nursing home is conducted so as –
 (a) to promote and make proper provision for the nursing, health and welfare of patients;
 (b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.

The inspectors review of the staff duty rota for the week commencing 4 May 2015 evidenced: the total number of staff on duty on any given day. The duty rota evidenced the allocation of staff to each of the three units in the home. The presentation of the duty rota evidenced that there were sufficient staff deployed to each unit to adequately meet the needs of the patients.

A more systematic approach to reviewing the quality of services available in the home had been implemented. A range of quality audits were available and reviewed including; infection control, care records, restrictive practice, falls and the care environment. Areas for improvement were identified following the review of the quality audits. The audits in respect of restrictive practice should evidence the outcome for the patient. The audits of care records need to evidence, in all cases; the action taken to address any shortfall and validation by the person completing the audit. One recommendation has been restated in the quality improvement plan of this report.

Evidence was available to validate full compliance with the above failure to comply notice.

Additional Areas Examined

Relatives' views

At the time of this inspection the delivery of care to patients' evidenced improvement, and this was also confirmed by staff and relatives who met with the inspectors. Comments received from relatives included:

“anything you ask management to do, they do”
 “staff have gelled much better”
 “we, as a family, are very happy now”
 “there is a much better atmosphere in the home”

The home's general environment was observed to be clean and well maintained and patients were observed to be treated with dignity and respect.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Raden Mauremootoo and Nicola Scovell as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

6.1 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 (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 25.11</p> <p>Stated: Second time</p> <p>To be Completed by: 31 July 2015</p>	<p>A system should be implemented to ensure that where any shortfalls are identified during an audit, there is recorded evidence that remedial action has taken place and the shortfalls have been addressed.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Please note: I endeavoured to document my responses in the designated area's above however for some formatting reason I have not been able to complete this ? Please find below the responses as requested.</p> <p>Recommendation 1) The current template for all audits within the Home will include a new section labelled "Outcome". This section will highlight and reveal the actions implemented to evidence that the shortfalls identified are rectified.</p>
<p>Recommendation 2</p> <p>Ref: Standard 18.6</p> <p>Stated: First time</p> <p>To be Completed by: 31 July 2015</p>	<p>The regular/monthly evaluation of care plans in respect of restrictive practice should evidence whether there is a need to continue with the restrictive practice. For example, information should not state "sensor mat remains in place" but should clearly evidence the reason(s) for the continued use of any form of restrictive practice. The outcome for the patient should be clearly stated.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Recommendation 2) A new Restrictive Practice Folder has been constructed and "rolled out" to each Unit within the Home. Information housed within this folder includes Policy & Procedure, Regulating and Best Practice literature, audits, personalised resident restraint specifics, consent and a new flow chart to assist staff assess when a restraint may or may not be of benefit to the residents well being. The restraint section of all Care Plans will be targeted in future monthly audits and reflect evidence, information and literature housed within the Units Restraint Folder. Outcomes for all actions relative to why a resident has restraint ? will be scrutinised in future audits.</p>
<p>Recommendation 3</p> <p>Ref: Standard 18.2</p> <p>Stated: First time</p> <p>To be Completed by: 31 July 2015</p>	<p>Management should implement a system to ensure staff have read the revised policy on restrictive practice.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Recommendation 3) A new template will be devised where all staff members will be named. Here shortfalls of staff not reading a revised or new policy will be highlighted immediately. A compliance percentage can then be calculated. This template will be implemented to all the Homes new and revised policies.</p>

Registered Manager Completing QIP	Stuart Johnstone (Pending)	Date Completed	29/06/2015
Registered Person Approving QIP	Logan N Logeswaran	Date Approved	08/07/2015
RQIA Inspector Assessing Response	Heather Sleator	Date Approved	10/07/2015

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address